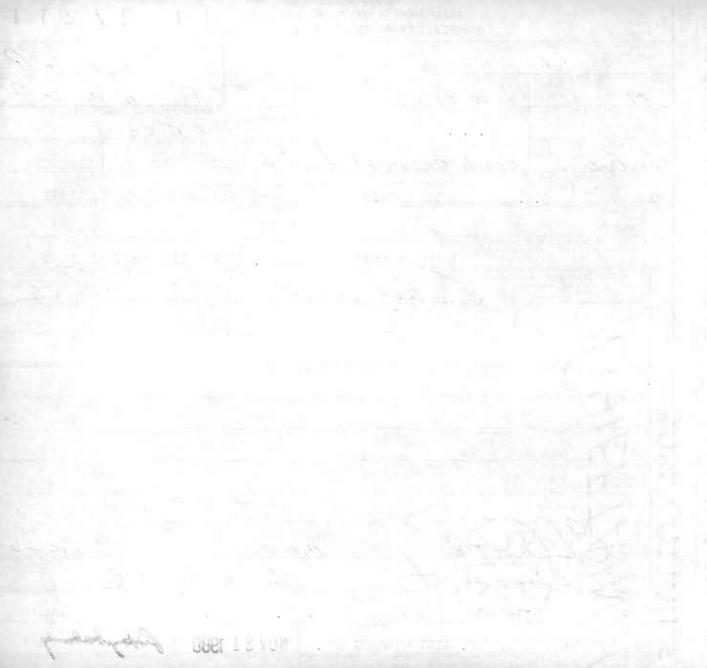
. 7		FOR				EPARTMENT OF	HEALTH A	ND MENTAL H	YGIENE	13	2	7 2 1	
10		STATE REGISTRAR			MEC	ICAL EXAMIN	ER'S CE	RTIFICATE O	F DEATH	REG	i. NO. ,	diag -	
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	(TYP	OR PRINT)	JOH	-INI	773	ERNON	AHERN	7	DEA	F ESTI-		19 1980	F
3	. SEX		4. RACE	5. DA	ATE OF BIRTH	6. AGE (IN YE	ARS IF UNDE			ATE	MONTH	DAY YEAR	2d. HOUR
		11	w	MO	DAY 10	VEAR LAST BIRTHDA		DAYS HOURS		OUNCED EAD	11	16 50	P
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4		ARYLAN	ID		U.S.A	1	WIDOWED	NEVER MARRI	place 1970	10	Co		
		Y OR TOWN		11. N		ITAL, NURSING HOME			120. USUAL OC			12b. KIND OF BU	MD.
$\mathcal{A}$	11	. 6		(1	IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)	11	1.7.1	FOR MOST OF	WORKING LIFE)		OR INDUST	TRY
K	JSU A	L RESIDENCE	(IF IN NURSING	HOME OR OTHE	R INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI	ON)	2201130	TRUCK	DKIVE	K	TRUCKI	NG
1	30. S	ATE	13b. C	OUNTY		13c. CITY OR TOWN	13	MINSIDE CITY LIMITS?	13e. STREET AD			01061	
4		RYLANI		A.A.		GLEN BURNI		YES NO 😡		CHENK	Y DRIV	E, 21061	
1	14. F.A	THER'S NAM		MIDO	DLE	LAST	113	S. MOTHER'S MAIDE		MIDDLE		LAST	
4	4 - 12	JOHN	D EVER INTO	C ADI-CO -	ORCES	AHERN	V N IO	FRANCES		100		DEUTSCH	
1	(YI	S, NO, OR UNKNO	D EVER IN U.	S, GIVE WAR OF		16b. SOCIAL SECURITY		INFORMANT		ADDI			
		NO				212-07-22	56	SOPHIE M.	AHERN	1119	McHENI	RY DRIVE	
1		18. CAUSE C	OF DEATH (En	ter anly ane	cause per line	(a), (b), and (c).)		2			/	HE THE ONSE	ET AND DEATH
		TARTIE		EDIATE CA	USE (a)	acher	111	Shop			/	Inch	len
¥ .		42	75	(	DUE TO, OR	AS A CONSEQUENCE	OF						
OK KEMOVAL			ns, it any, s		(b)								
		cause (a lying ca	) stating the u	nder-	DUE TO, OR	AS A CONSEQUENCE O	OF						
1		iying cu	036 1031.	(	(c)					552			
		PART 2 OTNER S	IGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE DE	R CONDITION GIVEN IN PAR	T T a				
	CERTIFICATION						4000						
27	CAT	190. DATE OF	OPERATION		196. CONDIT	ION FOR WHICH OPER	ATION WAS	PERFORMED?				20 AUTOPSY	?
10	TIF											YES 🗌	NO
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	CAL	UNDERLYING CONTRIBUTI	NG CAUS	E OF DEATH		19							
	MEDICAL	21d. INJURY	OCCURRED		21e PLACE O	F INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCA STRE		Page	RTOWN	-	OUNTY	STATE
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1							Autapsy	L, Inspection		,	and in my a	pinian	
		death result		Materal cau	uses [ ],	Accident L., Sui	icide	Hamicide	Undetermine	a manner L	_J·		
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1	,	SIGNATURE	Opo	V 7/4	ed y of		M.D.	agress	MEDICALE	XAMINER	SIGN	ED/1-17.	0
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+	3a PI	TYPE OR PRI	TION, REMO	(A) 225 DA	1) 14/6	23c. NAME OF CEA		DRESS JUNE	123d. LOCATIO				
1	15	PECIFY)	TION, KEMO		-24-80	MEADOWR I			ELKR I	V	OWARD	MARY LAN	TATE ID
+		UR LAL	TOR	111.	-24-00		1229		EC'D. BY REGIS		REGISTRAR'S		
		NAME	FUNERA	T UOMI	ADDRESS TNC	4107 WILKE		11011	2 1 198		Richard	Asbudy	A
	HU	. עאאעט	LOMEWY	P HOLI	i, LIVO.	HIO! MITTUI	MY CATE	. ITUY	4 1 100		1.1	,	



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~	1,	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 2 1 3
10	1	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
may be	I. DE	CRASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 126. HOUR ROPPINTS RUTH CRANDALL ARMIGER NOV 7 1980 M
4 64	3. SE	
72 rd h.	70 B	IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY OF DEATH
offer of the	10	ITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT INSUCH FACENCY, GIVE STREET APPRESS!  120. USUAL OCCUPATION  121. VIND OF BUSINESS OR  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
d in be f	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF ADMISSION)  STATE  136 COUNTY  136 GITY OR TOWN  136 INSIDE CITY LIMITS?  139 STREET ADDRESS
erely 12 st	14. F/	ATHER'S NAME  VILLAND 6. MIDDLE CRANDALL MARCH PRIST G. OWINGS LAST
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
E 9 05 9		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (g/s)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (g/s)  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (g/s)
W. PRESTON ST., of the death certification by the attending phase remove carbon porcemotion, or remotion, or remotion inher traumatic ever		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
301 ned pled vriol	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ECO ow r	CERTIFICATI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
OF VI		210. ACCIDENT WAS UNDERLYING TO 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR PART 1 OR PART 2 OR CONTRIBUTING CAUSE OF DEATH OR PART 2 OR
ISI FF F F F F F F F F F F F F F F F F F	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDII pital ar TOR: A for use of Healt		220.1 certify that (1) (the hampital) attended the deceased from 10.7 , 19.7 , to 10.0 19.80 , that (1) (see) lost saw the deceased alive on 10.4 , 19.80 , and that in (my) (see) apinion death occurred on the date and hour and from the causes stated above, (1) (see) (did) (did) (see) in view the body after death.
OR DIRE		226. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   11-7-80
TO HOSPITAL retained by th Should be deter with the State		HARVEY J STEINFELD SHADY Side MY 2086>
O of ship with	23o. E	BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF CREMATORY GALES WILL AND WATER CONTROL OF THE PROPERTY OF TH
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DESTRUCTION OF THE PROPERTY OF

(VRA 15, 4)

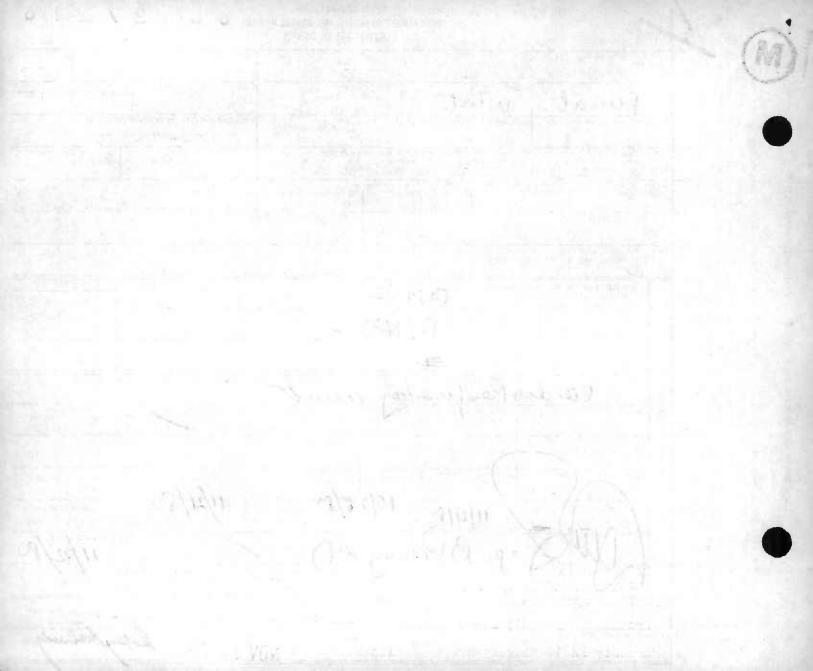
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-	0 000		3. SEX	ANNA	4 RACE	М.	-	OF BIRTH	NOVEMBER 21		8:02 PM
	rector urs off			Femal	We	ut	Apr	H DAY YEAR	65	MONTHS DAYS	
	eoth. Po nerol di n 72 hou	oto 15	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C		MD.
10	rs ofter d by the fu filed with	54	10 CI	Y OR TOWN OF DEATH  EN BURNIE	11. NAME OF	HOSPITAL, NURSI CHEACILITY, GIVE STREE ARUNDEL	T ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W housewife		OF BUSINESS OR
MARYLAND 2120	filled in ould be	See See	USU A 13a. S	1.00 0.00	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE  136. CITY OR TOV  Gambril	WN .	13d, INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS Lot 28 LuMa	Ro Trailer	Park
RYL	withir etely 12 sh	gnine	14.FA	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NA			AST
	omple omple	520	Jir			Clinger		Jennie			
BALTIMORE,	e execu	medicol		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS		
MIT	0 0 %	0		no		238 12	6407	George H. B	all # 1	3	
	rtificate physic an pape emaval.	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per ED BY: TE CAUSE (o)	r line for (a). (b), o	to le			BETWEEN	NONSET AND DEATH
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W. PRE	0	other tro	Ę,	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEOL	JENCE OF				
201 \	ed by	0			(c)	E					
	n sign Then	injury,	NOI	PART 2 OTHER SIGNIFICANT	worke	MAS	the	anul	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	(0)
DIVISION OF VITAL RECORDS,	he law r on. has bee t permit. ene pria	kuo swous	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	HORE ATIO	IN WAS PERFORMED	20a AUTOPSY? 2	OF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
JE VIT	Hy S	Hem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALLE	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2)	
SION	PHYS rending this of the bur	ö	MEDICAL	(IF EITHER NOTIFY MEDICAL THANKS 21d. INJURY OCCUPRED	21e PIACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NO	ADING or off S. After use os the	is morked		27u certify that I this has	nital) arended th	deserted from	101	24/84 19			, that (I) (we) last
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	the he to the toche	IT: If hem		A SIGNATURE	nen	Bla	uny	DEGREE ITENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N□	22/80
	HOSPI FUNE Sould be	PORTAN		JORGE B. RAM	REZ, M.	D.	0	7845 GLEN	OAKWOOD ROAD BURNIE, MD.	#205 21061	1
	of of shoot	<u> </u>	23a. B	URIAL, CREMATION, REMOVA		23¢		EMETERY OR CREMATORY	23d LOCATION		On a trick of the trans
	BP			SPECIFY) Cremation	11-24-	80	Cedar	Hill Cremato	ry Suitland	PG-CO MA	Sec. Commission
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			П	ruesty fn, 12	TARETA	Ave, Milia	POTTS:	rid.	14 C 2 1200		



t	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 0 2	7217
21		CEASED NAME FIRST E OR PRINT; ADELINE	NELLIE	BALLARD	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 12, 30 P.
(M)	3. SE	X 4. R	CAUS.	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
death Page of The		IRTHPLACE (STATE OR FOREIGN 76. (	CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MARRIED L	9. BALTIMORE CITY OR COUNT	- 00
rs ofter dea by the func filed within		^	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED THE INSTITUTION OF A PRICE TELL LOS RI	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY
2 2 2	130	AL RESIDENCE (IF NURSING HOME OF OTH STATE 13b, COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?		HOME
YLAP Ithin 2 sh 2 sh		ARYLAND A. A ATHER'S NAME FIRST MIDD	SEVERNA	YARK YES NO 20 15. MOTHER'S MAIDEN N	305 WHITE PL	
reuted w.	16a. '	MOISE WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	HANNAH
TIMORE, be execut on and co		YES, NO OR UNKNOWN) (IF YES, GIVE WAI	R OR DATES)	- AUDREY BE	IST # 13	
d ST., BALTI certificate b ing physiciar rban papers. r remaval. ic event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Y: AUSE (0) Card	ispulmenan	Arrest	BETWEEN ONSET AND DEATH
PRESTON ST the death cert whe attending i remaye carbar emotion, or ret er traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b) CONSEQUENCE TO OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO OR	ocardial lu	Faretion	nonthe
301 W ned by iplease urial, cr		underlying couse lost.	(c)			VEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 3  NG PHYSICIAN: The law require oftending physician. Iter this certificate has been signs as the buriol-transit permit. Then phand Mental Hygiene prior to buriated at them 18 shows any injury.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED
SION OF VITAL R PHYSICIAN: The Is ending physician. this certificate has the buriol-transit pe d Mental Hygiene d ar frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	YES NO Y	PART 1 OR PART 2}
DINISION OF PHYSK or after this celes the burie oith and Men marked at the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TENDII oitol or TOR: A TOR: A or use of Heoli		220.1 certify that (1) this haspital) sow the deceased alive above (1) (we) (did) (did not) vi	10/18 10	ond that in (my) (our) opinion	on death occurred on the date and ha	ur and from the causes stated
o be by the		NE SIGNATURE	liver	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 80
TO HOSPITAL retained by the TO FUNERAL should be deter with the State		THE PHYSICIAN'S NAME (TYPE OR PRI	Chacona		chir Huy A	ruold w
8P	23a	BURIAL, CREMATION, REMOVAL 2 (SPECIFY)	36. DATE 23c	NAME OF CEMETERY OR CREMATOR	WESTVIEW	BALTO - STATE
DHMH - 16 25M (VR A 15 (4) ) 9/74	24. F	UNERAL DIRECTOR RAME REAL SOLUTION REAL SOLU	RITCHIE HV	SEVERNA PARK 250. D	ATE REC.D. BY REGISTRAR 256. BEGIS	JRAR'S SIGNATURE

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	REGISTRAR			AL EXAMINI	ER'S CERT	IFICATE O	FDEATH	REG. NO	0.		
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	4	DONALD		6	SAAK	N.S		TH MATED	10	30 1950	A
SE	male A RACE	white 5. DAT	TE OF BIRTH	6. AGE (IN YEA		YR. IF UNDER 2		TE	MONTH	DAY YEAR	2d HOL
M		7	25 3	9 41 YR	. Indianis	713		AD	10	30 80	A
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D. C	ITY OR TOWN OF DEA	TH 11. NA		L, NURSING HOME,	OR OTHER IN	STITUTION	12a. USUAL OC	CUPATION (TYP	PE OF WORK	12b. KIND OF B	USINESS TRY
Q,	Napolis	1/1	vve HA		wend,	_	morga	ge Bank	cer		
	AL REPOENCE (IF IN NUR	13b. COUNTY	INSTITUTION, GIVE RES	SIDENCE BEFORE ADMISSION	N) [13d. 1	NSIDE CITY LIMITS?	13e STREET AD	DRESS			
	Md.	O.A.	Co	Queenstow	YE!	NOX D	Rt#1 b	ox#248-	-G		
4. F.	ATHER'S NAME	MIDDLI	E	LAST	15. A	OTHER'S MAIDER	NAME	MIDDLE		LAST	
	Mickey			Baarns		Angeli				Tromb	oley
	VAS DECEASED EVER	IN U.S. ARMED FO		b. SOCIAL SECURITY	NO. 17. IN	FORMANT		ADDRESS	s Qu	ieenstov	m , Mo
	yes	Vet.		363-38-98	54 P	atrica A	nn Lope	z Baarr	s.Rt	41 Box#2	248
	18 CAUSE OF DEATH	d (Enter only one c	cause per line for (	(a), (b), and (c).)	-					APPROXIMA	TE OUTERVAL ET AND DEAT
	PART I DEATH W	AS CAUSED BY: IMMEDIATE CAU	SE (o)	a hon	most	oxide	aspli	Mea		1	1
	7520	(	DUE TO, OR AS	A CONSEQUENCE C	F		0			Peus	en
	Canditions, if a		(b)							3 3 3 5	
	couse (a) stating lying couse last.			A CONSEQUENCE C	F						
	lying couse lost.		(c)								65a-1
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBE	UTING TO DEATH BUT N	OT RELATED TO THE TERMI	HAL DISEASE OR CO	NOITION GIVEN IN PAR	T 1 (a).			A THUM	
CERTIFICATION											
CAT	190 DATE OF OPERA	TION	196. CONDITION	FOR WHICH OPER	TION WAS PE	RFORMED?				20 AUTOPSY	(3
TIE										YES 🗌	NO
	UNDERLYING		HOUR A.M. MO		21c. HOW IN	JURY OCCURRED	ENTER NATURE O	INJURY IN ITEM 18	PART 1 OR PA	RT 2)	
CAL	CONTRIBUTING		P.M.	19	Hose	from ex	chaust	into ca	er. S	ubject	on
MEDICAL	21d INJURY OCCURE	RED	21e. PLACE OF IN	JURY (AT HOME,	21f. LOCATIO	N		eat	co	UNTY	STATE
~	WHILE AT WORK AT W	ORK									
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	death resulted fram	The second				Hamicide .	Undetermined				
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	SIO MATORICE TO	71		,		1 1	- Medicale	2 1	17		
	(TYPE OR PRINT)	E.L.	NAME	cit	ADDR	ESS /	wpas	6 /10	2		
23a.f	URIAL, CREMATION, R	EMOVAL 23b. DA	TE	23c. NAME OF CEA		-	2 / LOCATIO	N	COU	NIV	STATE
	cremation	11.	-01-80	Cedar Hi	ll Crem	natory	Suitla	nd	P.G.		Id.
24. [	UNERAL DIRECTOR						EC'D. BY REGIS			HGN/ CIRE	-1-
Н	elfenbein-	Hubbard '	ADDRESS	Home Cha	otan N	Id N	0V101	980	proper	al hoor	7
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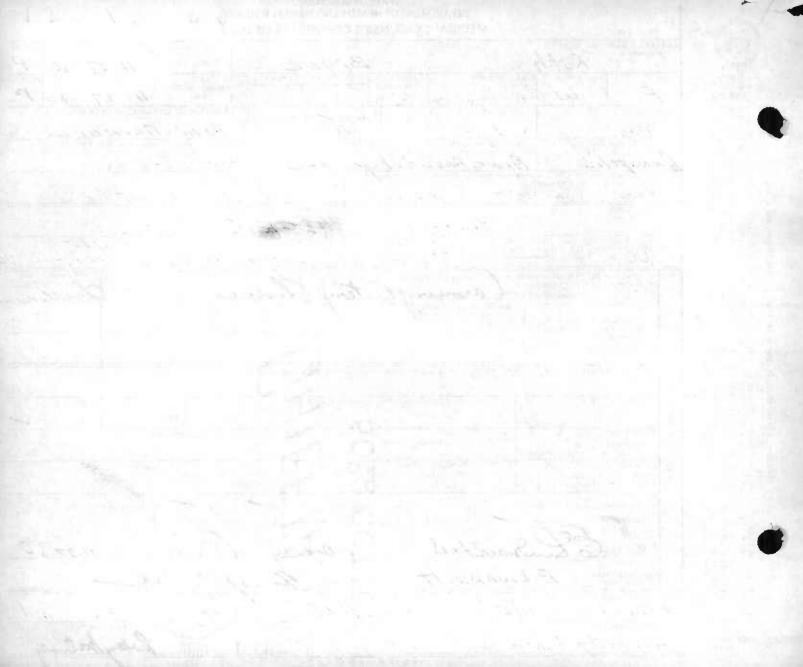
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("	FOR STATE REGISTRAR DECEASED NAME FIRST OFF OR PRINT)	DEPARTA	TENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	2, 1 2, 2
("	DECEASED NAME FIRST	MIDDLE		REG. 140	
3	BALERN	FEIND , JULI	LAST	20 DATE OF DEATH M	11 21 80 135 p
	SEX 4.	RACE	5 DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HI
DCe.	Famala	White	5 10 88	92	MONTHS DAYS HOURS MIN
10 To	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
37	MARYLAND	USA	WIDOWED DIVORCED	ANNEAR	PUNDEL ,
10	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATIO	
2	LEN BURNIE	Md MANOR NS	a HomE Md.	Seamstres	
E US	UAL RESIDENCE (IF NURSING HOME ORD)			134 STREET ADDRESS	
E S	Md A.F	1. PASADE	NA YES NO D	220 ASbur	Y KOAD
0	FATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
221	yeorge	Stump	Maggie		Mohn
0)	(YES, NO OR UNKNOWN) JIF YES, GIVE W			ADDRES	
4	LNKNOWN	215-05-2	050A George Burto	on In Jame o	
eve	IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and	Licus		APPROXMATE INTERVAL BETWEEN ONSET AND DEAT
Jatio	IMMEDIATE		114		
La contract	14292	DUE TO, OR AS A CONSEQUE	NCE OF		
Je Je	Conditions, if ony, which gove rise to immediate	( Ib) ASCVD			
or of	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
injury,		(c)			
Z Z		onditions <u>contributing to b</u>	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
THE Shows any III	190 DATE OF OPERATION	TIS CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
shows				YES NO	IN CERTIFYING CAUSES OF DEATH?
Item 18	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR		
	00.000.000.000.000.000.000.000.000.000		Y YEAR		
MEDICAL	214 INJURY OCCURRED	P.M. 21r PLACE OF INJURY	211 LOCATION		
MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	NRM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this hospital	I) attended the deceased from			
17 4	sow the deceased alive on_	19			te and hour and from the causes stated
f Iter	obove, (I) (we) (did) (did not):	view the body offer deoth.	DEGREE	-	22c. DATE SIGNED
	MOR	e. li	ATTENDING PHYSICIAN	MEDICAL STAFF	
AA	224 PHYSICIAN'S NAME (THE DER	ENT	22e ADDRESS	J Pinterion Ed Printing	
CC I	MINJARI Q F	EARLMAN			
9	TUCHALL D.		AME OF CEMETERY OR CREMATORY	123d LOCATION	
236	BURIAL CREMATION, REMOVAL	236. DATE 1 236 N			
236	(SPECKY)		dan Panh	CITY OR TOWN	COUNTY MSTATE
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1 00	- 5	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  2 7 2 2							
		EASED NAME FIRST	MIDDLE	LAAMINER 3 CERTIFICA	1/2	G. NO.					
		OR PRINT)	4	72	2a. DATE KNOW OF ESTI-	1	DAY YEAR	2b. HOUR			
3	SEX	Rot1	5. DATE OF BIRTH	6. AGE (IN YEARS   IF UNDER 1 YR.   IF			27 1980	M			
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Ľ	1	1.	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	FOR MOST OF WORKING LIFE	TYPE OF WORK	OR INDUSTR	SIME22			
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		FIRST	MIDDLE PI 1	AST IS. MOTHER'S	MAIDEN NAME	1.	LAST				
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3	(YES		WAR OR DATES)	3-32-9126 /	m.	1	1251	-11			
F		I CAUSE OF DEATH (Enter on		1000	truce mare	100 S	APPROXIMATE	ord ON			
		PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b) D BY:	, and (c).)	V		BETWEEN ONSET	AND DEATH			
		4149 IMMEDIA	DUE TO, OR AS A CON	SECTION CE DE	uslere		day	est_			
		Canditians, if any, which									
		gave rise to immediate cause (a) stating the under-		SECUENCE OF							
		lying cause last.	DOE 10, OK AS A COIL	SCOULNCE OF							
	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT NOT RELAT	TEO TO THE TERMINAL DISEASE OR CONDITION GIV	ITM IN DADY 1 / 1						
1 3	Z		TO SEAL OF THE SEA	TO TO THE TERMINAL DISEASE OR CONDISION GIT	ren in PARI I (Q).						
1 3	Ĭ.	19a. DATE OF OPERATION	19h CONDITION FOR V	VHICH OPERATION WAS PERFORMED	D?	44.	20. AUTOPSY?				
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3	AL	UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	DAY YEAR							
1 8	EDK	214 INJURY OCCUPRED	21e. PLACE OF INJURY	(AT HOME, 21f. LOCATION		Value in					
1 3	3	WHILE NOT WHILE DAT WORK	STREET, FACTORY, FARM, ET	C.) STREET	CITY OR TOWN	COU	NTY	STATE			
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			ge of the remains described above		spection , Inquiry ,	and in my api	inian				
		death resulted fram: Natur	ral causes Accident	□, Suicide □, Hamicide							
		ACTUAL ST	& and well	TITLE (SPEC	de	DATE	4 5 70 000	00			
1		SIGNATURE	Whate Thes	M.D. Crefo	MEDICAL EXAMINER	SIGNED	11.27.	20			
	1	EXAMINER'S NAME	LINHART	+	1 1.1 2	10	_				
730	n BLU	TYPE OR PRINT)		AME OF CEMETERY OR CREMATORY	IM. LOCATION		-				
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FOR

- STATE

REGISTRAR

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRYmber 1539 RIDGLEY DR Zellers ADDREdgewater, Maryland 1539 Ridgely Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (1) (we) lost (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE Washington D.C. 24 FUSICEMENTE TOR 250. DATE REC'D. BY REGISTRAR 251. BAS DHMH-16 25M Annapolis, Maryland 2140 NOV 7 1980 T.A. Hardestv (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

2

YEAR

80

IF UNDER I YEAR

MONTHS DAYS

26 HOUR

HOURS

IF UNDER 24 HRS

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(But)	(IAN	JESSIE	I.	BECKER	NOVEMBER 17.	1980 10:26 <sup>A</sup>
	3 SE	X F. ARA	WHITE	S DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 74 HRS
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the exect Pages 1 g	160 \	NAS DECEASED EVER IN U.S. ARMED YES, INDORUMENOWN) (IF YES, GIVE WAR	FORCES? 166 SOCIALS OF DATES) 214-21	ECURITY NO. 17 INFORMANT 4-6272 ML NORMAN	HEIDERMAN C	LEN BOLNIE
NDS, 201 W. PRESTON ST., BA w requires that the death certific an signed by the attending physic hen please remove carbon paper to burial, cremation, or remova ny injury, or other traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF pulm. In	holim	APPROXIMATE INTERVAL BETWEEN ONSET THE POST IN IMMEDIATE EN IN PART 1(0)
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IITAL GWAT IITAL GWAT RAL DIRECT detached for that Dept. of NAT: If Item?		22b. SIGNATURE	well.		MEDICAL STAFF DIRECTOR   PHYSICIAN	11/17/80
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TO F shou with	23a			425 RITCH	E HWY., GLEN BU	KNIE, MAKILAND
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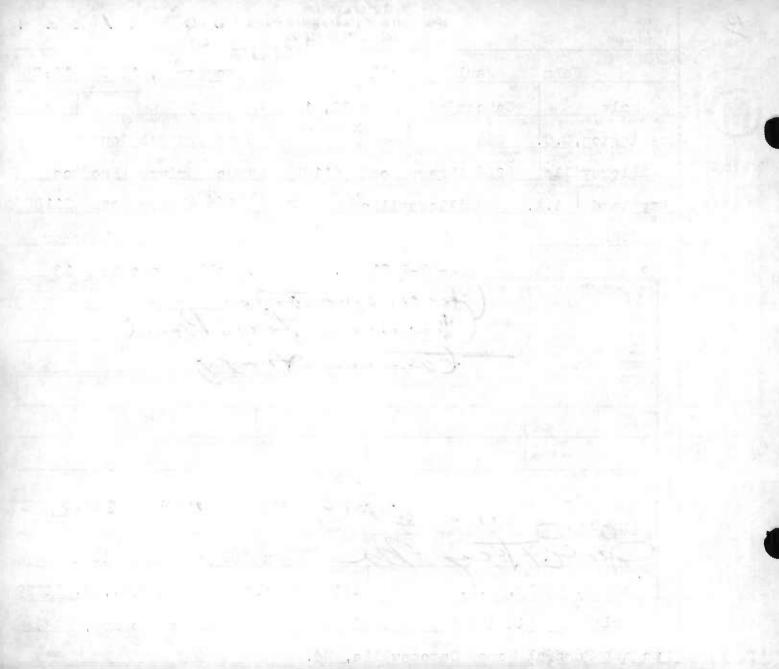
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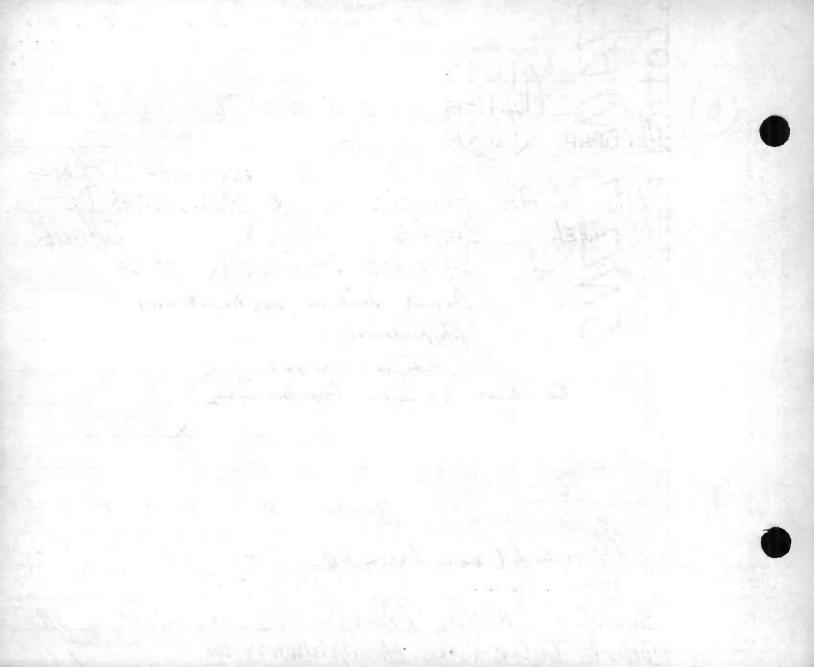
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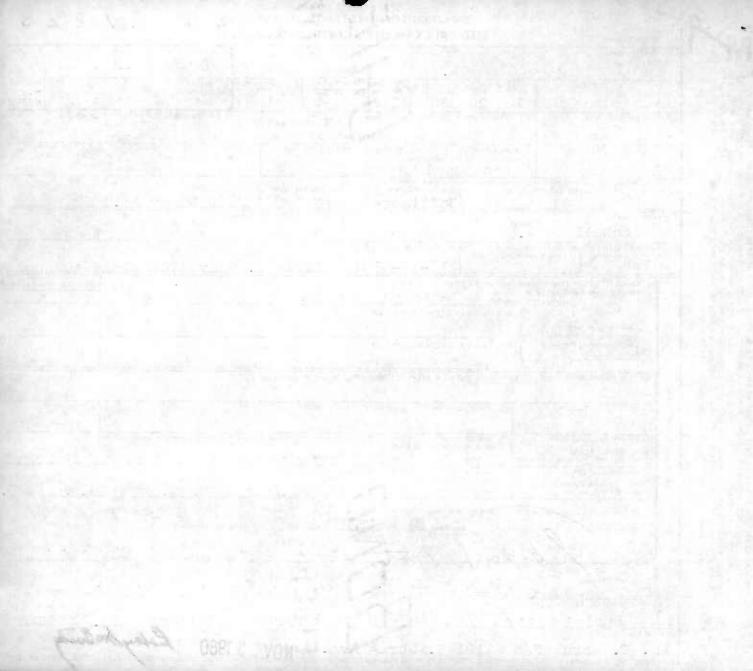
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54	GI	EN BURNIE	NORTH ARUNDEL	HOSPITAL	HOUSEWI	ION TO THE TOME
BL		M.D. 1	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	DAIS YES NO X	19027	HOMAS DR.
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2	CERTIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHIC	h Operation was performed	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
18 H		2 to, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2}
rked or 1	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	, FARM, ETC.) 211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
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CTATE OF BLADVIAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE? STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) ESTI DEATH MATED A. 1980 Quitman Brown 4. RACE A AGE IN YEARS IF UNDER 1 YR. 2d HOUR S. DATE OF BIRTH IF UNDER 24 HRS. . SEX DATE LAST BIRTHDAY PRONOUNCED 5:20A 7 20 38 42 YRS DEAD 180 Male Black 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED [ DIVORCED Anne Arundel County MD IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) North Arundel Hospital Glen Burnie USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13e. STREET ADDRESS 130. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 2300 Dupuy Rd MD Baltimore YEST NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Mitchell A. Johnson Olivia Brown 17. INFORMANT IAL SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FOR (YES, NO, OR UNKNOWN) HE VES GIVE WAR OR GATES! Yes 217-34-6331 Olivia B. Grav 5706 Bland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BUR HEALTH AND CREMATION, ( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF P OF YES V NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING YOR MEDICAL 19 80 driver of auto struck fixed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) COUNTY WHILE AT WORK TX STATE ( M street Balto-Wash. Pkwv DIRECTOR: FOR WITH THE ST and in my apinian 22a. I certify that I took escribed above, held an Autopsy death resulted Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefiedical ExaminER FUNERAL C EXAMINER'S HAME Thomas D. Smith, MD. 111 Penn St. Balto. Md. EXECUT PAGE TO FU TYPE OR PRINT) 736 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE MD: 7/80 King Memorial Burial Park Baltimore BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (51) 1101 E. North Ave. C. March F/H 15M 7/76



WILLTAM C. MARCH FIH Inc. 1701 E. North Ave

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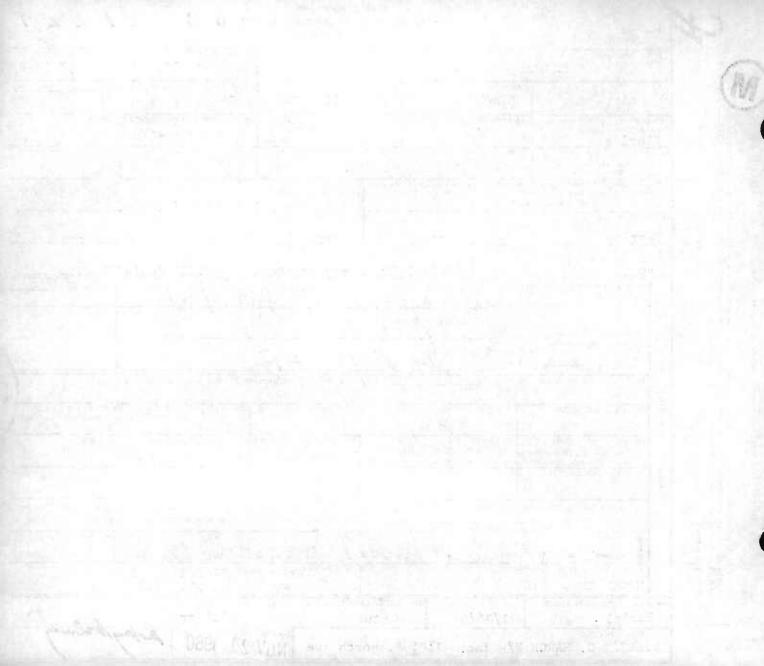
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

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2-4 4- 5 Jerthy Will in the land to election - sofamory - notarmost 1200 1. 110 2 2 4 2 21 may hill friend not it is a 19380 "I oseph M Friend 1618 Forest the Mountains the state subjections

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 2 3

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.	
	CEASED NAME	FIRST	MIDDLE	AST		MONTH DAY	YEAR 26 HOUR
N	MAMA AA	T 112.	Buch	KMASTER	11-	-20-	80 235 N
3 SE	X	1. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
B	3 roms	with	TE 11	1-9-17	63	YRS.	
	IRTHPLACE   STATE OR F		WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		
	Maryland ITY OR TOWN OF DEA	U.S	HOSPITAL, NURSING HOME C		Ann	e Arund	1115
A	nnapolis	Anne	Aeundel Gene	ral Hosp.	Secretar		S. GOV.
13a		13b COUNTY  A. A.	131. CITY OR TOWN Odenton	13d, INSIDE CITY LIMITS? YES NO A	1345 Ode	nton Ro	ad
	ather's NAME lolland	MIDDLE P.	Watts	15. MOTHER'S MAIDEN NAM Hellen	ME MEDIE	L	owman
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 213-34-9496	George Mu	ırray 1		nton Road
	Conditions, if any, gove rise to imm couse io), stotin underlying couse	which addite g the lost.	R AS A CONSEQUENCE OF	VASCULAR USION		1	VEAUS
CERTIFICATION	190. DATE OF OPERAT		ONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
-	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOUR A	DF INJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR			
MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK	HE TI IAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn col	UNTY STATE
	saw the decease above_(I) (we) (d	this hospital attended the dolive on lid) (did not) view the body	ofter death. 19 \$10, ar	nd that in (aur) apinion o	to		
	KOY!	Purpo	ans	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF _	1-20-80
	22d PHYSICIAN'S NA	LO PICKE	11	22e. ADDRESS			
	BURIAL, CREMATION,	23b. DATE		emetery or crematory nv Cemetery	23d LOCATION Odenton	. A. A.	Marylähd

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Raymond C. Fink

Glwn Burnie, Md.

DATE REC'D BY REGISTRAR 256. BESISTRAR'S SCHATURE

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20	1.	FOR STATE	DEPA			ARYLAND AND MENTAL H	YGIENE +	272	3 2
Lo		REGISTRAR				ERTIFICATE O	REG. N		
		E OR PRINT)	WIDD	DLE		AST	OF ESTI-	MONTH DAY	YEAR 26 HOUR
EASE TOR. DURS REET,	3. SEX		DRED  5. DATE OF BIRTH	6. AGE (IN YE)		TON DER 1 YR. IF UNDER :	DEATH MATED (	MONTH DAY	YEAR 2d HOUR
UR PEU	0.02	F W	MONTH DAY Y	EAR LAST BIRTHDA	MONTHS	DAYS HOURS	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	11 15	
SAR DAL		RTHPLACE (STATE OR	12/25/96  7b. CITIZEN OF WHAT C	83 YR			9 BALTIMORE CITY		1950 PM
S NECESSARY, PLEASE E FUNERAL DIRECTOR. 5. 5 FOR YOUR FILES. D. WITHIN 72 HOURS. W. PRESTON STREET,	FC	Maryland	USA		WIDOWE	D NEVER MARRIE	= 1 1	TRANSEL	
ELAY IS N TO THE FO PAGE 5 Se FILED.	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME	, OR OTHE	RINSTITUTION	12a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	YPE OF WORK 12b. KIN	ID OF BUSINESS
DELAY 3 TO T N PAC Se FIL		Annapolis	Annapolis	General		oital	Homemaker		n Home
Se \ 0 \ 3		AL RESIDENCE (IF IN NURSING HOME O TATE 13b. COUN		CITY OR TOWN		3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
21201 2, and 3. RETA SHOULL		Maryland A.A	v. St	nerwood			322 Clopston	n Hill	
RE, MD. DEATH. SES 1, 25 S	b	ATHER'S NAME FIRST	WIDDLE	LAST		IS. MOTHER'S MAIDE			AST
MORE, TTER DE PAGES SS 1 DA ON OAN		Anton Vas deceased ever in u.s. ara	AED FORCES?	Meyer SOCIAL SECURITY	NO.	Emma 7. INFORMANT	ADDRES	<u>Ehlan</u>	idt
BALTIMORE, MD. 2 URS AFTER DEATH I URS AFTER DEA	(1	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	16 46 46			V. Burton		Same
BALTI DURS AL B. GIVE WITH T. PAGE DIVISK		18. CAUSE OF DEATH (Enter an	y ane cause per line les (a		1	/ .	V. Barton		PROXIMATE INTERVAL
TON ST., V 24 HOLL ITEM 18 ALONG PERMIT. TGENE, IC.		PART I DEATH WAS CAUSED	BY.	due o	ibren	1I			LEEN ONSET AND DEATH
PRESTON VITHIN 24 CIL IN ITEA CIL IN ITEA NER ALD'A ANSIT PER AL HYGIEI AOVAL.		4275	DUE TO, OR AS A	CONSEQUENCE C	)F				
W. PREST D WITHIN ENCIL IN ENCIL IN CTRANSIT ENTAL HY REMOVAL		Canditions, it any, which gave rise to immediate	(b)						
301 W. PRESTON ST., CUTED WITHIN 24 HOL I. EXAMINER ALONG ' URAL-TRANSIT PERMIT. UD MENTAL HYGIENE, I VOR REMOVAL.	1	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A	CONSEQUENCE	)F				
XECU XECU G' IN CAL E BURI AND ON, O		PART 2 OTNER SIGNIFICANT CONDITIONS	(c)	T BELLITED TO THE YERM	NAL DISCLES				
DIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECTITING THE WORD "PENDING". THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUL E 12 SHOULD BUSED AS A BUL E 12 SEPARTMENT OF HEALTH AND PRIOR TO BURRAL, CREMATION.	Z	TAKE 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMS	MAL DISEASE I	JR CONDITION GIVEN IN PAR	Π (α).		
ITAL RECORD SHOULD BE E. SRD "PENDIN CHIEF MEDIC CHEF MEDIC OF HEALTH ALL CREMATIC	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION I	FOR WHICH OPER	ATION WA	S PERFORMED?		20. Al	UTOPSY?
₹ PSESS	THE							Y	ES NO
OF VITA OF VITA OF VITA OF UITA OF UIT	GR	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJU HOUR A.M. MOI		21c. HO	W INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)	
MON THEIG SHOUNARTO	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		19					
DIVISION OF VIT THIS CERTIFICATE SI WARTING THE WOS WARDED TO THE C AAGE S SHOULD TATE DEPREMENT (C	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJ		21f. LOC	REET	CITY OR TOWN	COUNTY	STATE
WAR WAR TATI		AT WORK AT WORK			1				
M I C O OF III		22a. I certify that I taak charg			Autapsy		Inquiry , a	and in my apinian	
EXAMINE CERTIFICA TID BE FO DIRECTOR WITH THE ARYLAND,		death resulted fram: Natur	al causes , Accid	dent L_1, Sui	cide	Hamicide	Undetermined manner		
CAL EXX THE CER SHOULD RAL DIR RE, MARY	100	ACTUAL SIGNATURE	Zacot m	1	44.0	PRACIETY)	MEDICAL EXAMINER	DATE //	1.1.80
DICAL T SHO VERAL ORE, W			1	11	741.	and the same	MEDICAL EXAMINER	SIGNED	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU AFTER DEATH AFTER DEATH BALTMORE, M.		EXAMINER'S NAME (TYPE OR PRINT)	INHARC	17	A	DDRESS	wo polis,	mo.	
DA A DA	23a.B	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEA		1 1	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 51		1/19/80	Druid			Pikesville,	MONOS SICH ATT	Ad >
DHMH - 17 (VR A15 ME (5))	24. 1	4905 York	W. Jenkir	ns & Sor o., Md.	ns Co 212		V 1 7 1980	when he	Breedy
15M 7/77		4900 TUPK P	Todu Dalle	, IVIU.	- 12	14	A T ( 1900)		ISMARKED!

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1					E OF MARYLAND	0.0	0 9	on my my
	1 -	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG ICATE OF DEATH		61	4 0 0
	1. DEC	CEASED NAME	WIDDIE	CERTIFICATION OF THE PERSON OF	A	REG. NO	NONTH DAY YEAR	2b HOUR: 7
j		OR DOING	Merbert # B	uskirk /	DUSKIER		11/13/80	115/A M
	3. SEX	MALE	White	5 DATE C		6. AGE (IN YEARS LAST BIRTI	YRS.	YS HOURS MIN.
1	1	PENNA (STATE OR FOREIGN	75. CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED DIORCED	ANNE ARU	NOEL CO	MD.
600	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO (IF NOT IN SUCY FACILITY, GIVE ANNE ARUNT	STREET ADDRESS)	NEPAL HOSD	TYPE OF WORK TO KINDST OF	WORKING IS INCHIEN	OF BUSINESS OR
	USU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
1	-	11) AA(		poli3	YES NO	1033 MARI	HA LOUR	4
1		late Thomas A I	rüskirk LAS	ī	15. MOTHER'S MAIDEN NA			LAST
		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SE WAR OR DATES)	SECURITY NO.	17. INFORMANT Eric Buskirl	k 13 W 13 St		Ma. 21701
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line for (a)	b), and (c).)	101	4	APPR SETWE	OXIMATE INTERVAL EN ONSET AND DEATH
			TE CAUSE (a)	20mb	phlevi	u	1	wh
		Conditions, if any, which	DUE TO, OR AS A CONS	EONENCE OF	itie Ch	remor	ne_ n	unthe
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF			1,7,7	0
		underlying couse lost.	(c) Can	cor	d lun	9		,
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUY	NOT RELATED TO THE TERM	TIMAL DISEASE OR COND	ITION GIVEN IN PART	Hai
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	206. IF YES, WERE FIN	
)	TIFIC					YES NO 1	YES _	NO [
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	?)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION			
	MEL	WHILE NOT WHITE AT WORK	(AT HOME, STREET, FACTOR	PPICE, FARM, ETC )	STREET	CITY OR TOW	VN COUNTY	STATE
		22a.l certify that (I) (this haspi		rom 6-1	8 19 80	)_, to/_/	7, 19	_, that (I) (we) lost
		saw the deceased alive an abave, (I) ( <del>we) (did</del> ) (did no	t) view the body after death.	36, or	nd that in (myc) (our) opinian	death accurred on the da	te and hour and from t	he causes stated
		Tanh	Shohler	1	DEGREE ATTENDING PHYSICIAN T	MEDICAL STAF	F _ /1	ATE SIGNED
		22d. PHYSICIAN'S NAME	5/1/101		22e ADDRESS	, ,	- 1/1/	,
		F-/V(>	SHIPLE	7	1 Chin	apoli.	2. mg	
	(	Burial  Burial	Nov 18,1980		emetery or crematory nd Veterans	236 LOCATION Crownsy		co., Ma.
	H.	rry H Witzke 4	112 Columbia	Rd Ellic	ott City 250. DAT	TE REC'D BY BEGISTEAR 10V 1 7 1980	Sb. REC TRATESIGN	Millerdy

DHMH-16 30M 2/80 (VRA 15, 4)

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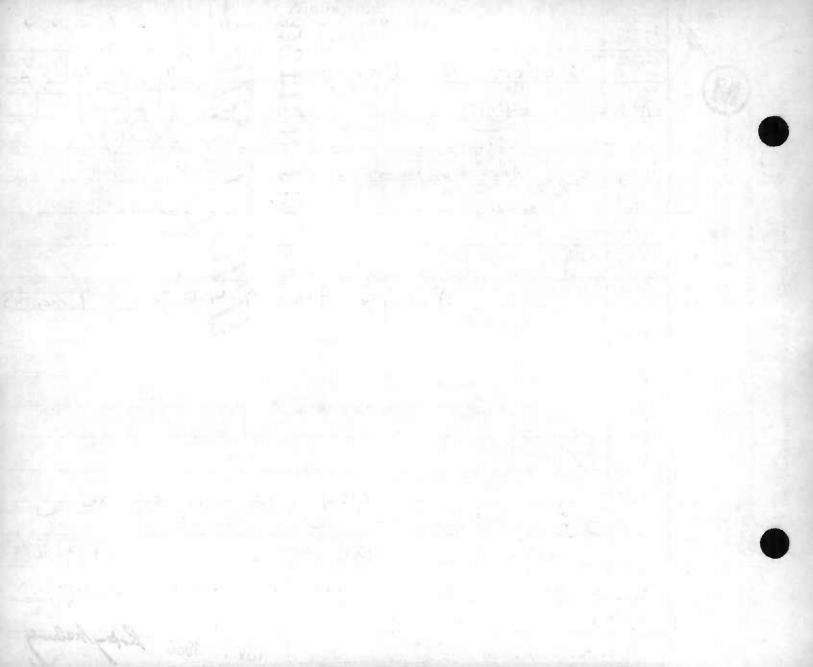
Cremeville, A.A. co., 188.

Row 18,1900 Margland Versions

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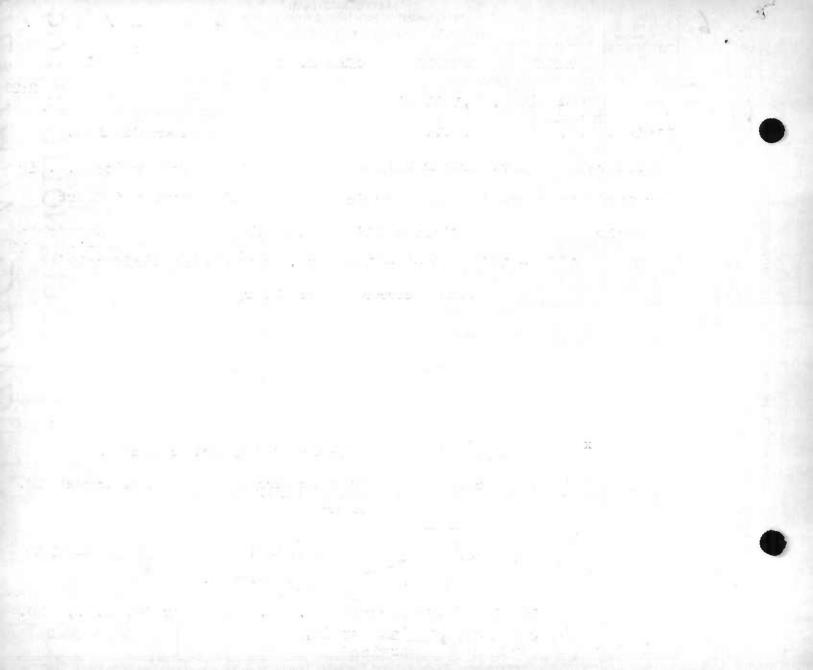
+ 1	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0 2	7 2 3 5
(1)		CEASED NAME FIRST CYCL	len W.	Ob.	imprey	20 DATE OF DEATH MONTH	3 80 9 A M
(IA)		nale	white	MONT / C	H DAY YEAR	54 YRS	MONTHS DAYS HOURS MIN
ores.	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
of E de		Oakland Ca.	U.S.A.			120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
By the	A	nnapolis	Anne Arund	el Gen	eval Hosp	(TYPE OF WORK FOR MOST OF WORKING Engineer	Aero Space
aND 212 1.24 hou filled in ould be	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Md A A	NTY 13c CITY OR T	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
ARYLA f withing pletely nd 2 sh	14 FA	THER'S NAME	Co.   Harwoo	oa	15 MOTHER'S MAIDEN NA Lilias	1505 L Flander AME Pearl	LAST
	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	AĎDRESS	
BALTIMORE.		Yes WW	ii 546-3	0-5683	Patricia C	Champney 13e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., BA equires that the death certificate is signed by the attending physis. Then please remove carbon pop to burial, cremotion, or removal injury, or other troumotic event, is	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF		MINAL DISEASE OR CONDITION G	9 months
ITAL RECORDS,  The law requir sician.  The hos been sig nsit permit. Then ygiene prior to b	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL R  ORD PHYSICIAN: The In- ortending physician of the this certificate has so the burnol-transit per th and Mental Hygiene orked at Item 18 shaws		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	B, PART I OR PART 2)
DIVISION  ING PHYS  r attendin  After this of the but  Ith and Me  orked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI OR ATTENDI The hospital on DIRECTOR: Oched for use Copt. of Heal			itol) ottended the deceased from 1.3. It view the body ofter death.	<u>, 80</u>	DEGREE	MEDICAL STAFF	19 that (II) (IVe) lost our and from the couses stated  22c. DATE SIGNED
HOSPII bined b FUNER PORTAN		22d PHYSICIAN'S NAME (TYPE O	COLE	The last	THE ADDRESS	THEORAL ST	ANNAPOUS
F- C		gurial, cremation, removal Removal	23b. DATE 11-3-80		EMETERY OR CREMATORY Board. St.	23d LOCATION CITY OR TOWN  Of Md. Baltim	COUNTY
BP • DHMH - 16 50M 1/76 (VR A 15 (4))		JNERAL DIRECTOR	/ Funeral Home		25a. DA	TE REC'D. BY REGISTRATES RES	ore, M



V	FOR	STATE OF MAR DEPARTMENT OF HEALTH AI		8 0	272	3 6
8	- STATE REGISTRAR	CERTIFICATE O		REG. NO.	An / Ca	0 0
nz ( n	DECLASED NAME FIRST	C. ChARITAN	2a D	ATE OF DEATH MONT	H DAY YEAR 2	b. HOUR
M	SEX M	RACE S DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)		F UNDER 24 HRS
72 houns	BIRTHPLACE ISTATE ORFOREIGN 7	U.S.A. WIDOWED	ZER MARRIED DIVORCED	Anne Arun	UNTY OF DEATH	
10		1. NAME OF HOSPITAL, NURSING HOME OR OTHER ATTACHMENT AT THE CHEMISTRAL HOS		USUAL OCCUPATION OF WORK FOR MOST OF WOR	KINGTEE JUDIUSTRY	BUSINESSOR
13	SUAL RESIDENCE IF NURSING HOME OR OF STATE 136 COUNT  Md. A.A.	other institution, give residence before admission) Y   136. CITY OR TOWN   13d. INSI Co.   Edgewater   YES		STREET ADDRESS	Dr.	
\$ 3/ IL	FATHER'S NAME	DDLE LAST	HER'S MAIDEN NAME	MIDDLE Inknown	LAST	
the median	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)   1# YES, GIVE V	NED FORCES? 146 SOCIAL SECURITY NO 17 INFO		ADDRESS	ll Drive	
removal.		r ane cause per line forces, (b), and ic.	1 +	7/		TE INTERVAL
r to burial, cremation, or ny injury, or other traum		DUE TO, OR AS ACONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE OR CONDITION	ON GIVEN IN PART 1(0)	
Hygiene prior to	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PE		a AUTOPSY? 206	. IF YES, WERE FINDING CERTIFYING CAUSES C YES []	SS USED OF DEATH?
V - 0 / /	an convenience of course of occur	LIGHT ALL MONTHS THE MEAN	W INJURY OCCURRED 1	ENTER NATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)	
th and Menta	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	ATION	CITY OR TOWN	COUNTY	STATE
or use as of Healt m 21 is r	220.1 certify that (1) (this hospite saw the deceased alive on above, (1) (did) (did not	26 (1et) 19 81), and that in	(my) (our) opinion death	accurred on the date o		ot (I) (we) lo auses stated
tracked for use a	276 SIGNATURE	DEGREE DEGREE	ATTENDING ME	DICAL STAFF	12. DATES	WSL
MPORTANT: 1	THE PHYSICIAN'S NAME (TIME)	Lowe, M.D. 274 ADE	DRESS			
£ 2 ≥ 23	BURIAL CREMATION, REMOVAL (IRECO) Burial	11-5-80 Hillcrest	Carlos Constitution Constitutio	Annapolis.	COUNTY Manyland	STATE
-16 25M 5, 4) 1/79	FUNERAL DIRECTOR	ty Funeral Home Annapolis	25e DATE REC	1980	Repry Mall	rody

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6	FOR 1 - STATE REGISTRAR	DEPARTMENT O MEDICAL EXAMI	ATE OF MARYLAND F HEALTH AND MENTAL HYG NER'S CERTIFICATE OF D	EATH REG. NO.	2 3 7
25.8.8.8. F. S. S. S. S. F.	1. DECEASED NAME FIRST (TYPE OR PRINT) NA NI	O ANGELO	CIUFFETELLI	OF ESTI- DEATH MATED 11	12 80 26 HOUR
RY, PLEA DIRECTO 5UR FILL 72 HOU	male white	5. DATE OF BIRTH NONTH DAY YEAR AUG. 2,1937 43			12 80 2 120 pm
MERSAN Northin Prithin	BIRTHPLACE (SAMEON TO POREIGN COUNTRY) White-Plains, N.Y.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED   WIDOWED   DIVORCED	Anne Arundel C	
PAGE 5	Glen Burnie	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES North Arundel Hos)	pital	USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Customer Service	OR INDUSTRY
21201 E ANY DI AND 31 RETAIN HOULD E	13o. STATE 13b COU	e or other institution, give residence before admi NTY 13c. CITY OR TOWN Arundel Glen Bu	SSION) 13d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS 238 Brentwood	
SALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 310 THE FUNRAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR TOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION OF VITAL RECORDS, 201 W, PERSON STREET,	14. FATHER'S NAME FIRST Angelo	MIDDLE LAST Ciuffete		a	Capannola
SALTIMO SAFTER I SIVE PAC TH FORV PAGES I	160 WAS DECEASED EVER IN U.S. A (YES, NO, OR UNKNOWN) (IF YES, GF	/E WAR OR DATES)	I VV J	lfe)	
STON ST., E N 24 HOURS N ITEM 18. O HOGIENE, DI'S NOVAL.	PART I DEATH WAS CAUS	ATE CAUSE (a) Craff10-Cer	ebral & neck injur	У	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PREST ITHIN S CIL IN NER AL NER AL NER AL NER AL NER AL	Conditions, if any, white gove rise to immedia cause (a) stating the underlying cause lost.	te / (b)			
BE EXECUTED IN THE PROPERTY OF		AS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE T	RMINAL DISEASE OR CONDITION GIVEN IN PART 1 H	21.	
F VITAL RE F SHOULD WORD "PE TE CHIEF A BE USED. ENT OF HE	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OF	ERATION WAS PERFORMED?		20 AUTOPSY?  YES 🛣 NO 🗆
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING". IN PEN ROED TO THE CHIEF MEDICAL EXAMI ROED TO BURIAL, CREMATION, OR	190. DATE OF OPERATION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS  UNDERLYING CONTRIBUTING CAUSE O  CONTRIBUTING CAUSE O  21d. INJURY OCCURRED  WHILE NOT WHILE	216 TIME OF INJURY HOUR AM MONTH DAY YE F DEATH 2:54 M. II-12-19	40	nter nature of injury in item is part 1 or par ed/auto collision	
DIVISION HIS CERT WRITING MARDED ANGE 3 SHATE DEPARTE	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	Hanned Herry	& CITY OR TOWN Anne An	rundel Md.
DIVISION OF  TO MEDICAL EXAMNER: THIS CRETIFICATE EXECUTE THE CERTIFICATE. WRITING THE W PAGE A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD THER DEATH WITH THE STATE DEPARTMER BALTIMORE MARYLAND; 21 201 PRIOR TO	deoth resulted from: No	rge of the remains described above, held are turnly causes $\square$ . Accident $X$ ,	Suicide , Homicide U	nquiry , ond in my op	
EDICAL E  TE THE C  A SHOU  INERAL D  DEATH,  MORE M	ACTUAL SIGNATURE EXAMINER'S NAME	Ann M. Dixon, M.D.	Assistant 111 Pen		11-13-80
FXEC PAGE PAGE BALTE	(TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE NOV 23c. NAME OF C	ADDRESS	Glen Burnie, A	*A . 5MD .
BP	BURTAL 24 FUNERAL DIRECTOR NAME	BUNGAN Gle	Burnie, 250. DATE REC	D. BY REGISTRAR 256. REGISTRAR'S S	
(VR A15 ME (5) ) 15M 2/80	Singleton Fu	neral Home Mar	yland NUV	10.300	



FOR

REGISTRAR

- STATE

**DHMH-16 25M** (VRA 15, 4) 1/79

12b. KIND OF BUSINESS OR INDUSTRY Arundel Lundry LAST Karnes Charles H. Clark 953 Highpoint Dr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY ... and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated 22c. DATE SIGNED STATE COUNTY Burial 11/22/80 Hillcrest Cemetery Annapolis Md 24. FUNERAL DIRECTOR 254 DATE REC'D. BY REGISTRAR ADDRESS Hardesty Fuenral Home 12 Ridgely Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

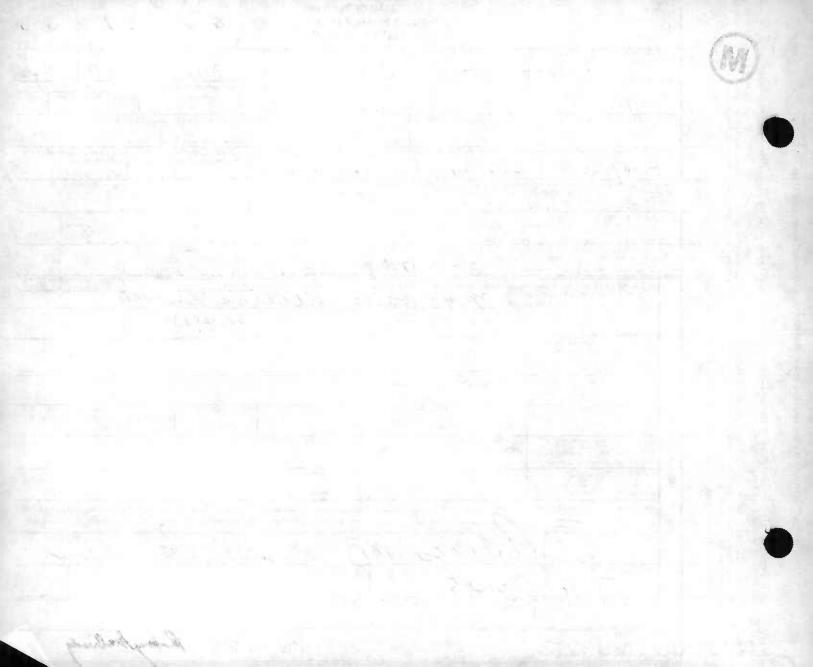
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YEAR

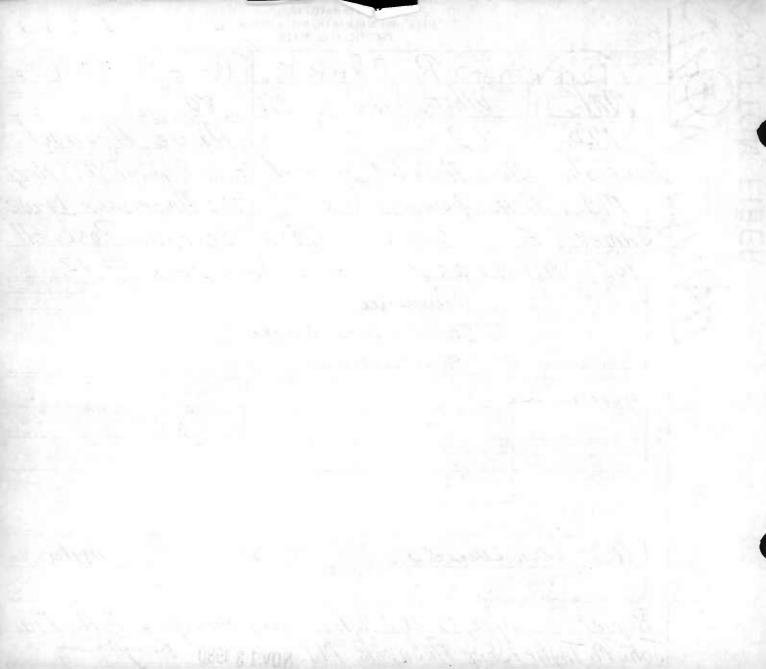
2h. HOUR

HOURS.

If UNDER 24 HRS.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH RECUSTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 25 HOUR THRE OF PERSON 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 1.5EX # RACE 5. DATE OF BIRTH IF UNDER 1 YEAR e BIRTHPLACE ONE FEMELENIA Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ENEMA runge SHALLES THE END OF THE PROPERTY OF THE PROPERTY OF TOWN 3d INSIDE CITY LIMITS? 4. FATHER 15. MOTHER'S MAIDEN NAME IN WAS DELEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) GIVE WAR OR GATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per lymfor ia), ib), and ic PART I. DEATH WAS CAUSED BY. Muuria IMMEDIATE CAUSE (a). gave roe to immediate source (a), shoring the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Meallerellerein PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION In DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ THE SCENENT WAS UNDERLYING TO 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR DE CONTRIBUTING CAUSE OF BEATH IN STIMES NOTIFY MEDICAL EXAMINER! P.M. 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from \_\_\_\_ now the deceased alive the body after death \_\_\_, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 27s. SJONATURE DEGREE 22c. DATE SIGNED Ku Lellaceo. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ORTANT 224 PHYSICIAN'S NAME THE OF PRINTS 22e. ADDRESS 0 236 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DA] BY REGISTRAR 24 REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))



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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	2724
1	DEC TYPE	Mattie	Thomps of	n Clough S. DATE OF BIRTH	28. DATE OF DEATH	MONTH DAY YEAR 75 HOUR  AUNTH AND AUNTH AND AUNTH AND AUNTH AND AUNTH AU
15		EMALE ISTATE OR FOREIGN	1) CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CHYS	YRS. MONTHS DAYS HOURS MR
10	A	TY OR TOWN OF DEATH  THE STORY OF THE HOLE OF	A DO ON SUCH FACILITY, GIVE STREET  OTHER INSTITUTION GIVE RESIDENCE BEFOR	LUTSING Home	128 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY
50	5	THER'S NAME	MIDDLE LAST	13d. INSIDE CITY LIMITS?  YES NO 15 MOTHER'S MAIDEN NA	AME MIDDLE	lip Road
1		AS DECEASED EVER IN U.S. AR.	MED FORCES   144 SOCIAL SACE	JRITY NO. 17 INFORMANT Rachel C	ADDR	Same a over #13a
			ly one cause per line for jo), ib), or D BY: IE CAUSE (a) USEQUE DUE TO, OR AS A 2018 EQUE	cay wereeur		APPROXIMATE INTERVAL BETWEEN OMSET AND DEAT LUMBER OF THE OMSET AND DEAT
	N.	gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF  DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
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		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) STREET	CITY OR TO	
		sow the deceased alive on obove. (I) (we) (did) (did not 22b SIGNATURE	11/12/19/	, and that in (my) (our) opinion	deoth occurred on the d	ote and hour and from the causes stated
1		224 PHYSICIAN'S NAME ITYPE OF	_ /	22R ADDRESS	MEDICAL STA	FIAN 11/16/80
2	30. B	URIAL, CREMATION, REMOVAL	133. DATE 133. DATE	NAME OF CEMETERY OR CREMATORY  Hallows Chop	234. LOCATION	prille AA ML
M /79	T	NERAL DIRECTOR	ADOMESS ADOMESS	manus million	TERECO BY REGISTRAR	256 REGISTRAR'S SIGNATURE

Mattie Them, sin 1983 916

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John Mendel

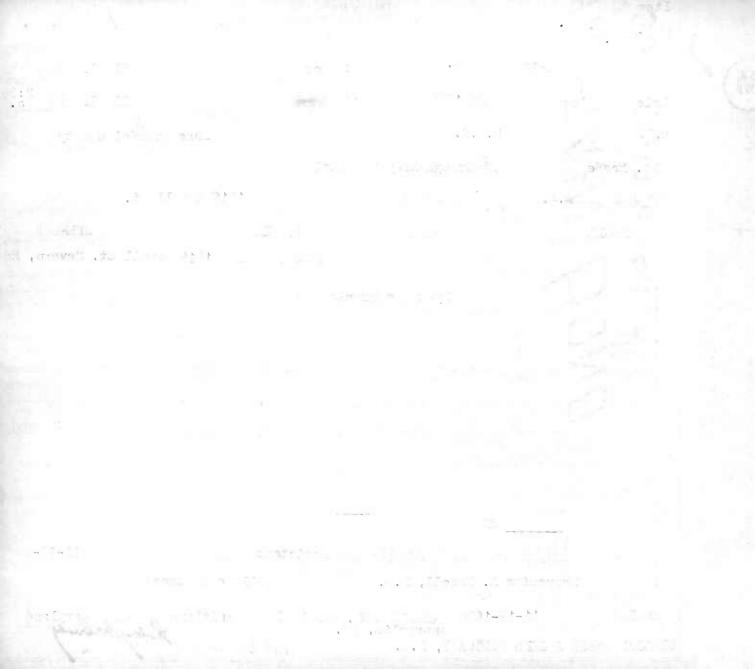
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3.	. SEX		4. RACE		5. DATE (		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 H
6		Male	Ca	aucasian		.25,1901	79	YRS	MONTHS DATE	MOURS MI
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- 10		EN BURNIE	LIE NOT IN S	F HOSPITAL, NURSI UCH FACILITY, GIVE STREE ARUNDEL	T ADDRESS)	TAL	Boilermal	OF WORKING	LIFE) INDUSTR'	of Business of ired
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20	4. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST			10 (200	AST
20		AS DECEASED EVER IN U.S. A	RMED FORCES	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
1		Vo		705-18	-5537	Carol Hage	erty daugh	ter	same	2 13
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse p SED BY: ATE CAUSE (a)_	er line for (o), (b), o	nd (c).)	0 0 11	1 1 1		BETWEE	NONSET AND DEA
0	IFICATION	cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	conditions.		DEATH BUT	NOT RELATED TO THE TERM HOS	INAL DISEASE OR CON de fi <sup>†</sup> e 200 AUTOPSY?	Len 120b. IF YE	ES, WERE FIND	INGS USED
71	TIER						YES NO	IN CERT	IFYING CAUSE	S OF DEATH?
W/2	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	JRY IN ITEM 18.	, PART 1 OR PART 2)	
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (1) (this has saw the deceased alive a above, (1) (did) (did)			, 01	nd that in (my) (our) opinion	death occurred on the o			
		22h. SIGNAYURE	Auc	Com	e.		MEDICAL STA	CIAN	Lo	E SIGNED
1		MUSTAFA C. 02				22e ADDRESS 605 B SEVER	ALTIMORE-AN NA PARK, MA	1- 10		LEVARD 16
2:	3a BI	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
-		Burial	13 N	ov.80 S	t. Ma	rys Cemeter	St. Alb	ans,		Vermon
24	4. FU	NERAL DIRECTOR	ola la sur	Glen^°Bü	mnic		E REC'D. BY REGISTRAF	25h 6 6 18	TRAR'S CN	URE
	J	ames S. All	vre'à	GTEH DR	THILE	Ma. NO	1 0 1380	1		

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X	1.	FOR FILMG549 STATE REGISTRAR	11/17/80 kam DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2724
la	I DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Page 4 may be anterior, page 3 hours after death	(117	SARAH	E.	COOK	November 9.	1980
moy be poge 3	3. SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
oge 4		Female	Negro	3 10 19	61 YRS	MONTHS DAYS HOURS MIN
72 hours	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUN	
A		D.C.	USA	WIDOWED DIVORCED	Anne Arunde	el Co.
by the fur filled within		len Burnie	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 98 E. Marley	NG HOME OR OTHER INSTITUTION TADDRESS) TNECK Rd.	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS ( INDUSTRY
in 24 hour ly filled in should be f	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)		READMISSION) VN 136 INSIDE CITY LIMITS? BURNIQUES X NO [	13. STREET ADDRESS 98 E. Marle	evneck Rd.
- 0	14. F/	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	ME	
complete		Augustus	Christia	ın Jannie	WIDDLE	Chin
		VAS DECEASED EVER IN U.S. AR			ADDRESS	
a coo e	,	No No	216-17	-3899 Elmer .T	Cook Rt. 1 Bo	x 98E Marles
i that the deoth certificate b d by the attending physicio- lease remove corbon popers- iol, cremotion, or removal or other traumatic event, the		PART I. DEATH WAS CAUSE	ly one couse per line factor, (b), of DBY  TE CAUSE (0)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF		APPROXIMATE INTESVAL BETWEEN ONSET AND DEAT
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phys phys phys phys phys pol Hy m 18	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM T	8, PART I OR PART 2)
N 5 0 7 9 = /	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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DING PH		sow the deceased alive an obave able e) didididid no	1) Vidw the body after death.		death occurred on the date and h	our and from the couses stated
hospital or attend hospital or attend IRECTOR After this thed for use as the b tept of Health and I		saw the deceased alive an obave the wey dids (did no 22b. SIGN TURE	t) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
intal Condition of the hospital or attended by the hospital or attended for use os the E detoched for use os the E Stote Dept of Health and I should be I is marked or I is		sow the deceased alive an obave able e) didididid no	RPRINT)	M.D. ATTENDING PHYSICIAN PARAMETERS THATS A FURN	MEDICAL STAFF DIRECTOR DHYSICIAN D	
HOSPITAL CONTENDING PHOSPITAL OF OTHER OF THE PROPERTY OF A STEEL DISCOUNTING THE STORE DEPT OF HEALTH ON THE STORE OF THE ST	23a I	sow the deceased plive on obove the wey dight and no 22b. SIGN IT HE 22d. PHYSICIAN'S NAME (TYPE O LORALDE M. )	A I L E L 23b. DATE 23c.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 1445 A FURN NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN D  SACE BRANCH    1234. LOCATION CITY OR TOWN	D GLEN BUR MD, 210
intal Constitution of the hospital or attend by the hospital or attent this RRAL DIRECTOR After this e detoched for use as the E Store Dept of Health and I	(	sow the deceased alive an obave the wey digit (did no 22b. SIGN TUBE 226, PHYSICIAN'S NAME (TYPEO LORAINE M. D.	R PRINT)  A I L E L  23b. DATE  23c. DATE  273c.	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS 1445 A FURN  NAME OF CEMETERY OF CREMATORY  Cedar Hill Cem.	MEDICAL STAFF DIRECTOR PHYSICIAN D  JACE BRANCH /	COUNTY STATE  22c. DATE SIGNED  GLEN BUR  MD, 210  STATE  MD



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	3. SE	x la1e	4 RACE Black	S. DATE OF BI	RTH SEAR LAST	(IN YEARS IF UT	NDER 1 YR. IF UNDER	24 HRS. 2c.		MONTH 11		EAR
47	7a. B	IRTHPLACE (S DREIGN COUNTRY)		76. CITIZEN O	F WHAT COUNTRY?	8. MARR	RIED NEVER MARR	IED XXX 9. BA	Anne Art	OR COUN	ITY OF DEAT	Н
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E	13a. S	AL RESIDENCE STATE RYLAN D	(IF IN NU SING YOME 13b COU	OR OTHER INSTITUTIO	136. CITY OR TO	DMISSION)	13d. INSIDE CITY LIMITS? YES NO	13. STREELA	DDRESS Arwell	Ct.		
	)	ATHER'S NAME FIRST WILL	IAM	WIDDIE	COOPE	CR CR	15 MOTHER'S MAIDI	NAME	WIDDIE		SPEN	CE
1	16a. '	WAS DECEASE	D EVER IN U.S. A	RMED FORCES? /E WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	WILLIAM C	OOPER 1	1919 Arw	sell C	t. Sev	en
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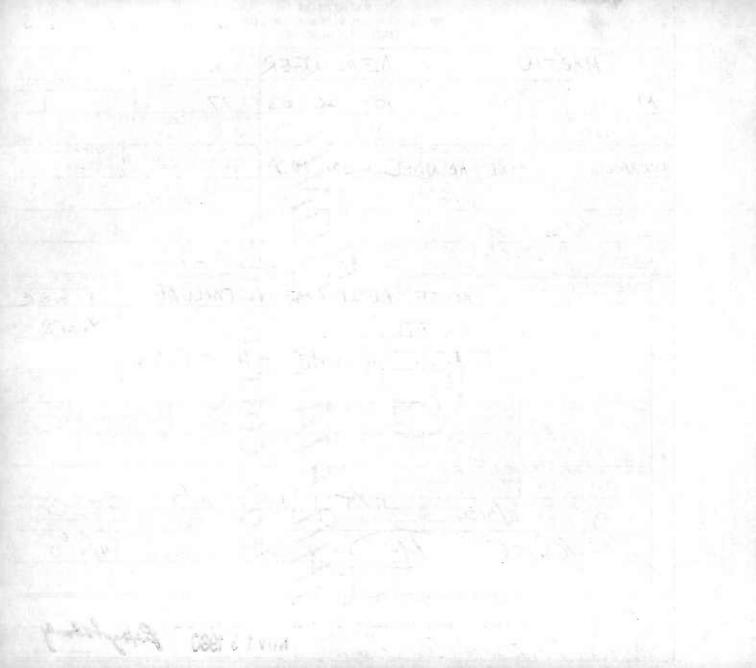
FOR

- STATE

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Little Company 21, 100 7155 the transfer of my man

REGISTRAR

IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) DAYS BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrician-Ret., Balti. dity Cleveland Road Shipley Wife-Florence E. Disney, Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated PHYSICIAN DIRECTOR PHYSICIAN & A Blvd., Severna Park. Md Elkridge, Howard, 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 DEC ames S. Kirkley, Glen Burnie (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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8		STATE OF MARYLAND  1 - FOR STATE STATE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.	7 2 4 8
y be	age 3	1. DECEASED NAME (TYPE OF PRINT) RIDGE M. DOUGLAS 20. DATE OF DEATH MONTH	28-80 10 M
oge 4 mg		3. SEX A RACE S. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY)  1. DATE OF BIRTH  1.	
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1201	13	AUNDOCIS A SICHERCHTY GIVE STREET ADDRESS! SUP I. TENNICE	GLIFE) 126 KIND OF BUSINESS OR
ILAND 2	Spelds	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 / 1 / 130 C / 130	1222 RD.
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours	02/0	FIRST MIDDLE LAST SERST MIDDLE	DEL
ALTIMOR e be exe	cion a ers. Pour	(YES, NO ORMINKNOWN) (IE YES, GIVE WAR OR DATES) 223 30 HES 19 MRS. LOTTIC L. DOUGLI	
ST.,	rbanpaper remavalic event, 1	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONIARY EMBOLÍ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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VITAL R	hysician.	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	YES NO
SION OI	d full light	(IE EITHER, NOTHY MEDICAL EXAMINER)  P. M. 19  21d INJURY OCCURRED  (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  STREET  STREET	COUNTY STATE
9	OR. After	22a.1 certify that (1) (this haspital) attended the deceased from 15 1000, 19 50. to 25 1000	that (I) (we) last
OR ATT	DIRECT OF SECTION OF S	DEGREE	22c. DATE SIGNED
HOSPITAL	ned by the Figure 1 and	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22d. ADDRESS  THURSTON MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	127-20
	BP-	230. BUNDA, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	SOUNTY AA. M.D.
DHMH	H - 16 50M 1/76 R A 15 (4))		AGENES ASCHINITURE

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(1)	CEASED NAME FIRST PE OR PRINT)	diA	KIODLE .	PUR	350	20. DATE KNO OF ES DEATH MA	WN MONTH	DAY YEAR 26 H
70. E	F W	5. DATE OF BIRTH MONTH DAY  Oct. 24  76. CITIZEN OF WHA	YEAR LAST BIRTHDA  1901 19 YR T COUNTRY?	MONTHS DAYS	S HOURS MI	PRONOUNCED DEAD	MONTH	14 19 8 0 2d. H
10. 0	Virginia  ITY OR TOWN OF DEATH		TAL, NURSING HOME LTY_GIVE STREET ADDRESS)	WIDOWED A	DIVORCED	L USUAL OCCUPATION	Arunde	12b. KIND OF BUSINES OR INDUSTRY
USU	Edgewater AL RESIDENCE (IF IN NURSING HOM STATE Md.   13b. COL Ann	E OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION IS CONTY OR TOWN	(N)	DE CITY LIMITS? 13e	Housewi STREET ADDRESS.		Ave.
14. F	ATHER'S NAME FIRST Charles	MIDDLE	Phiel		THER'S MAIDENIA	known)		LAST
160.	WAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	166 SOCIAL SECURITY 577-07-34		ORMANT	D' Urso	DDRESS 4804	- 51st A
7	Canditians, if any, white gave rise to immedia cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIO	DUE TO, OR A	S A CONSEQUENCE O	191	ITION GIVEN IN PART 1 (	e).		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERF	ORMED?			20. AUTOPSY?
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.M.	MONTH DAY YEAR			NTER NATURE OF INJURY I	TITEM 18 PART 1 OR PAR	
MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF STREET, FACTOR		211 LOCATION STREET		CITY OR TOWN	cou	SI STANL
	22a. I certify that I toak cho death resulted fram: NG ACTUAL SIGNATUR				E (SPECIFY)	Inquiry Indetermined manner	DATE	D_11-12j-5
22 1	EXAMINER'S NAME (TYPE OR PRINT)	Linharo	14	ADDRES		expels,	ned	
	UNERAL DIRECTOR NAME NAME  UNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	11/18/19	80 Ft.Lin	ncom Ce	TORY 250. DATE REC	Brentwo	d Pr.	Geo. Md.
	Nation.	S F.H ADDRESS	Mt Rain:	Ler,	MUV	2 4 1980	- July	- Chang

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Cress 112 Bond St. Westminister Inferior Myocadia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Crownsville, A.A. 250. DATE REC'D. BY REGISTRAR 256 POSISJRAR'S 24. FUNERAL DIRECTO Glen Burnie. Singleton Funeral Home Md. 21061

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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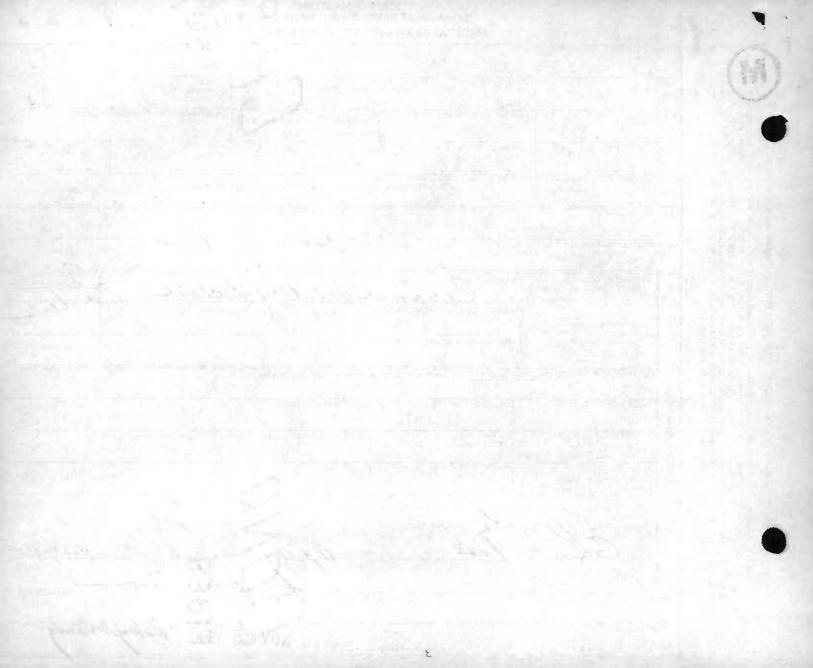
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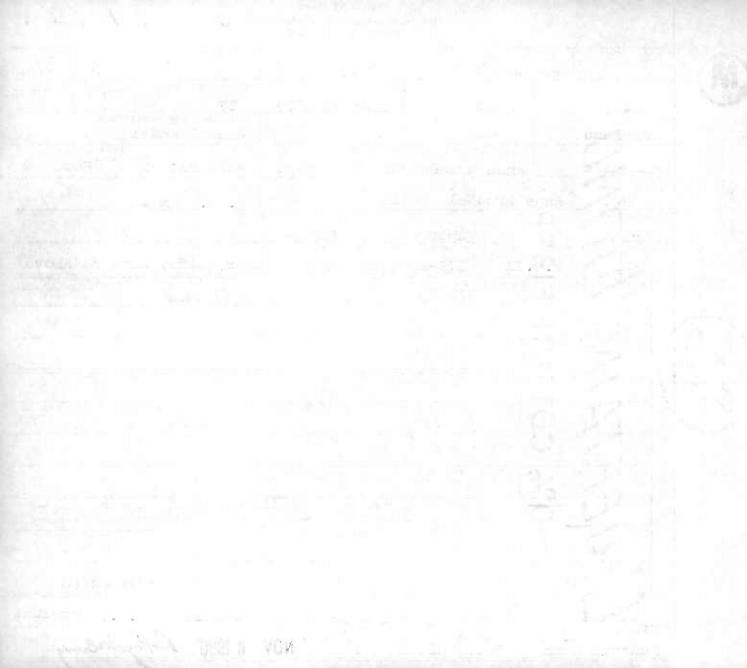
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST O. DATE KNOWN X MONTH (TYPE OR PRINT) Robert Elsey DEATH MATED Paul Nov.22 19 80 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED M July 9, 1941 39 DEAD Nov. 22. 19 80 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY USA Corinth, W. Va. DIVORCED [ AACO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Glen Burnie Arundel Maintenance Rental JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 33d INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE 136. COUNTY 13c. CITY OR TOWN BALTIMORE, MD. 21201 Crofton 1834 N. Forest Ct. AACo Md YES X NO Apt A 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST LAST OF-VIT Earl Stanley Elsev Christina Gav Kisner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 64 8108 # 13 Darlene L. Elsev no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line (o), (b), and (c).) BETWEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). V CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD DE DEPARTMENT OF TO BURIAL. YES NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M PRIOR 71f LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 217 Mescribed above, held an 220. I certify that I taak charge of the remains Autapsy and in my opinion Undetermined manner deoth resulted Homicide ACTUAL 11,22.80 DATE SIGNATURE SIGNED. EXAMINER'S NAME Elmer L. Linhardt (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURTAL Hillcrest Cemetery Anna**o**olis 24. FUNERAL DIRECTOR **DHMH - 17** Hardesty FH, 12 Ridgely Ave, Annapolis, Md. 21401 (VR A15 ME (5) 15M 7/76

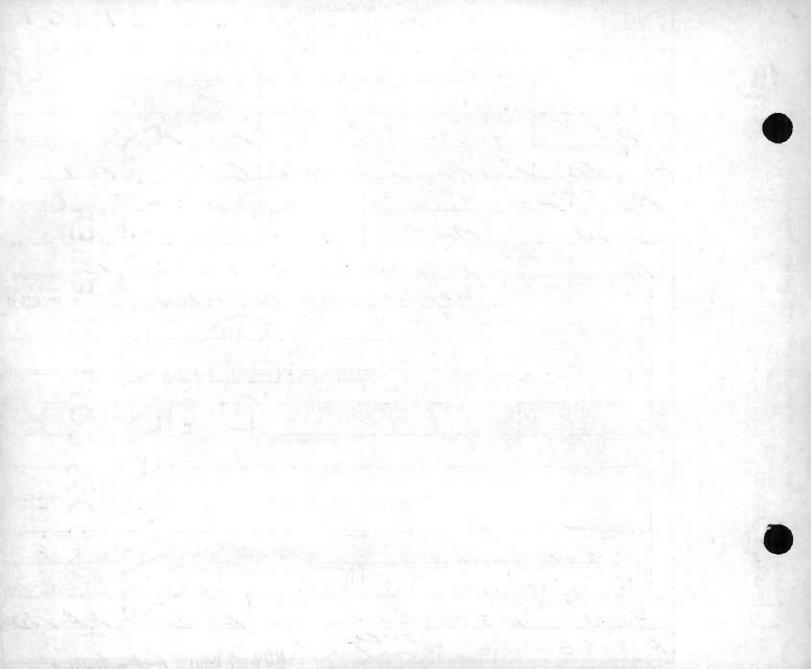


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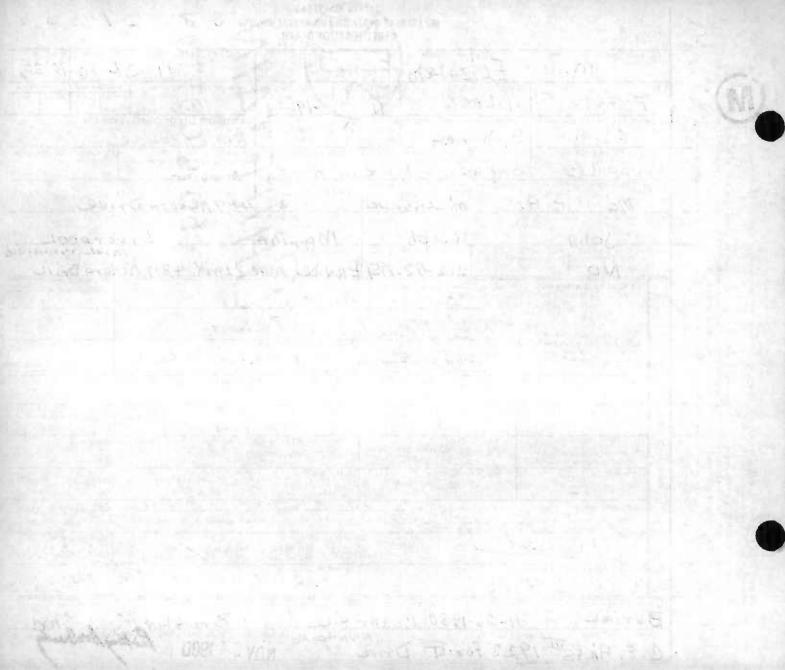
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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22c. DATE SIGNED

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IF UNDER 24 HRS

CERTIFICATE OF DEATH

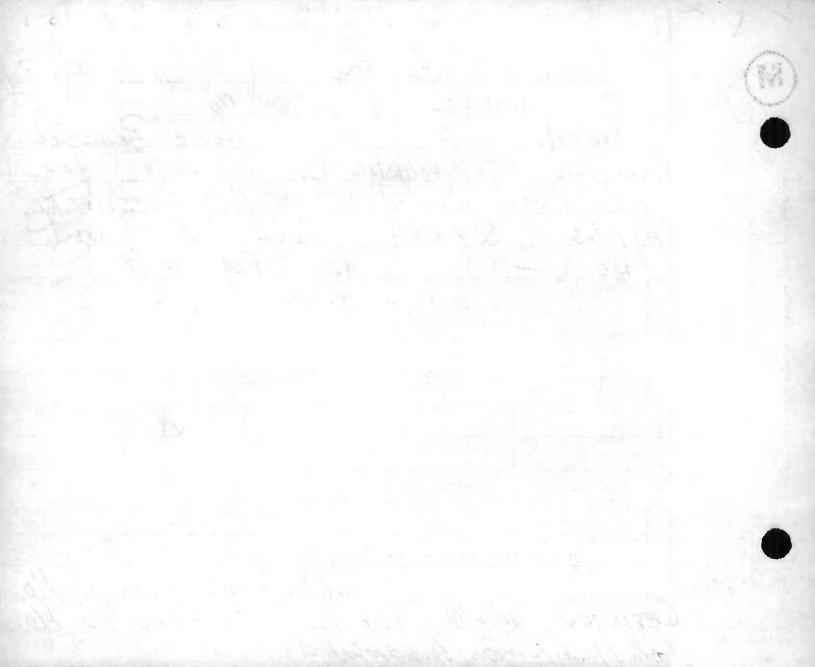
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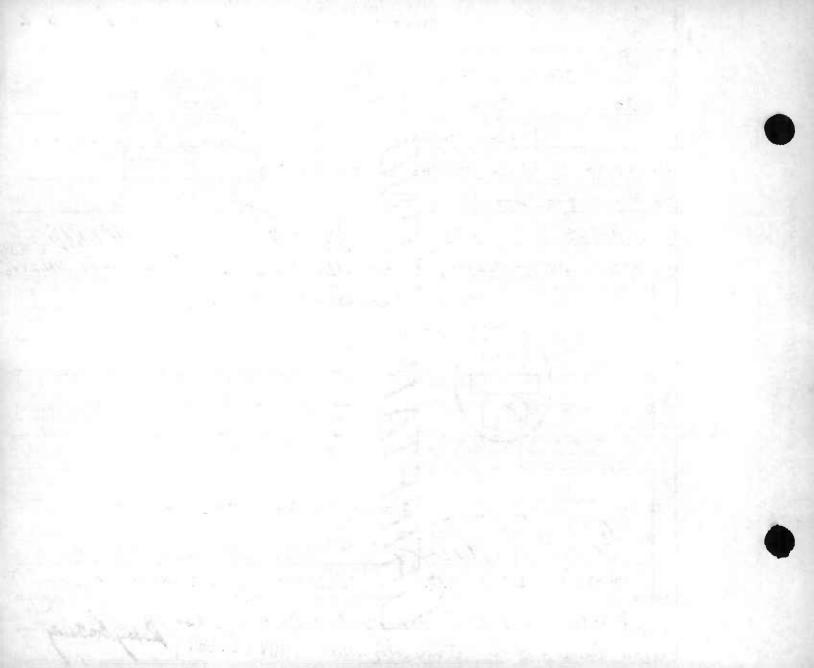
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s after death. Page by the funeral direct liled within 72 hours conflied of ence.		REHPLACE STATE OF SCREENING TO COUNTRY! UEW OR TO COUNTRY! UEW OR TO COUNTRY! II.	ITIZEN OF WHAT COUNTRY MARRIED MIDOWED MARE OF HOSPITAL, NURSING HOME OR OT IT WHAT THE WAY OF THE TAPORES OF T	DIVORCED	MMORE CITY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OF THE COUNTY O	NEW DEL MD.  126. KIND OF BUSINESS OR
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OR ATTENDI s hospital or DIRECTOR: A ched for use Dept. of Heal them 21 is m		220. I certify that (I) (this hospital) of sow the deceosed alive on above, (I) (we) (did) (did not) view 22b. SIGNATURE		REE ATTENDING MEDI	curred on the date and	, 19, that (I) (we) lost hour and from the couses stated
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	" HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offini steath. Page 4 may be asset by the hospital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function fluction and completely filled in by the function fluction. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours and the detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours and the contraction of the cont
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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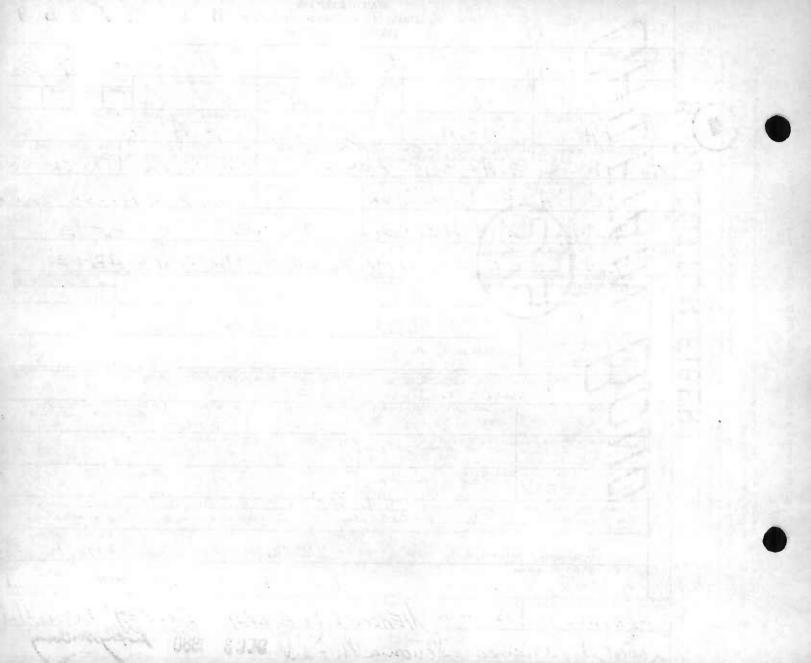
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LCally Underlying  LOUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate course (a), stoling the underlying course lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERAPION WAS PERFORMED  18 ACCORNT WAS UNDERLYING (A) USE OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  18 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  19 P. M.  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  10 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  11 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  11 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXTREME NOTE WIDOCAL EXAMINES)  12 ADDRESS OF DEATH (IN EXAMINES)  13 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXAMINE) (IN EXAMINES)  14 ACCORNT WAS UNDERLYING (A) TO WAS OF DEATH (IN EXAMINES) (IN EXAMINES (A) TO WAS OF DEATH (IN EXAMINES (A) TO WAS OF DEATH (IN EXAMINES (A) TO WAS OF DEATH (IN EXAMINES (A) TO WA	dicol lea	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT		ABOVE
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COUSE (D), Stoting the underlying couse lost.    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?   PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?   PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?   PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSES OF DEATH?   PART 3. OTHER SIGNIFICANT CAUSES OF DEATH?   PART 3. OTHER SIGNIF	9 6 5	Conditions, if any, which	(b) Hefreli - rend >	yrdre.	Tays.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YES   NO	5 5 5	cause (a), stating the			
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 1206 YES NO 1206 OF DEATH?  YES NO 1206 OF DEATH	4 5 b		1 11	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220. I certify that (I) (this hospital) attended the deceased from soon the dote and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN 12/1 / 72  226. PHYSICIAN STAFF  PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTO	ws ony	19a. DATE OF OPERATION		IN CERTIFY	ING CAUSES OF DEATH?
216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217. I COCATION STREET  218. INJURY OCCURRED  AT WORK  AT WORK  219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218. I COCATION STREET  219. DO NOT WHILE  210. I COUNTY  STATE  211. INJURY OCCURRED  211. INJURY OCCURRED  212. I COCATION STREET  213. I COCATION STREET  214. INJURY OCCURRED  215. I COCATION STREET  216. I COCATION STREET  217. I COCATION STREET  218. I COCATION STREET  219. DO NOT WHILE  210. I COUNTY STATE  211. INJURY OCCURRED  212. I COCATION STREET  213. I COCATION STREET  214. I COCATION STREET  215. I COCATION STREET  216. I COCATION STREET  217. I COCATION STREET  218. I COCATION STREET  219. DO NOT WHILE  210. I COCATION STREET  210. I COCATION STREET STREET  210. I COCATION STREET STREET STREET STREET STREET STREET STREET ST	T D E	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT I OR PART 2)
Saw the deceased alive on 11 2 19 2 Ond that in (my) (bur) ppinion depth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 121/72  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDRESS  BY USO NEW A MAN MAN MAN MAN MAN MAN MAN MAN MAN M	A P	21d. INJURY OCCURRED	21e PLACE OF INJURY 21f. LOCATION	CITY OR TOWN	COUNTY STATE
226. SIGNATURE  226. PHYSICIAN STAFF  226. PHYSICIAN STAFF  226. PHYSICIAN STAFF  226. ADDRESS  226.	5 T S	22a.1 certify that (I) (this hospital) saw the deceased alive on	11 2 19 22 (old that in (my) (Dur) Dr	, 10	
220. ADDRESS 220.	Mached Poched If Hem		DEGREE	NG A MEDICAL STAFF	12/1/20
230 BURIAL, CREMATION, REMOVAL 23b. DATE 231, NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN DORSEST IN HOW. STATE	Stode		INT) 22e. ADDRESS		
FORIAL 13-1-80 MEADOWRIDGE CAY, DORSEY HOW, MI	0 6 2 2	BURLAL, CREMATION, REMOVAL	236, DATE 234, NAME OF CEMETERY OR CREMAT		TOTAL A STATE
		FURIAL-	12-1-80 MEADOWRIDGE	CEM. DOREE	How: ME



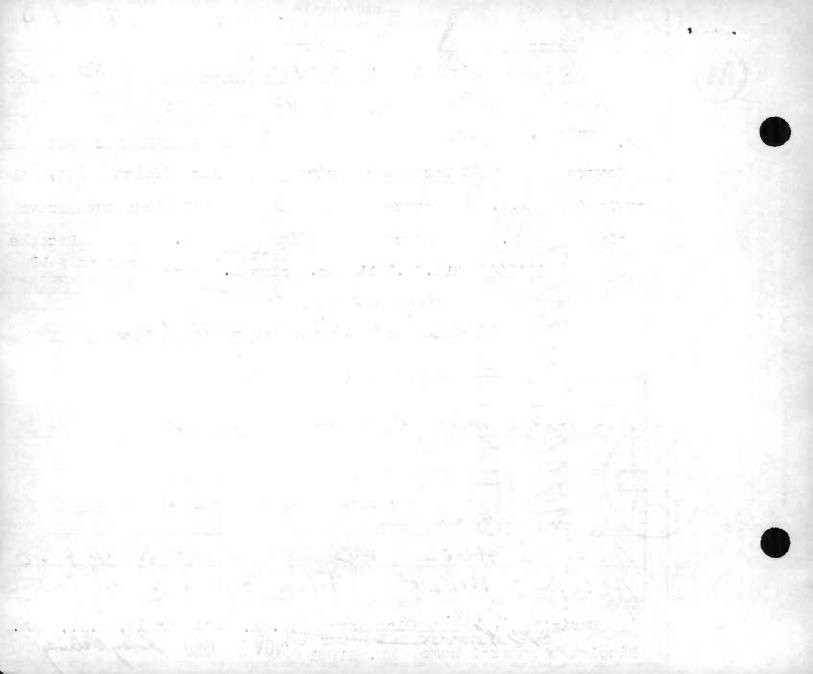
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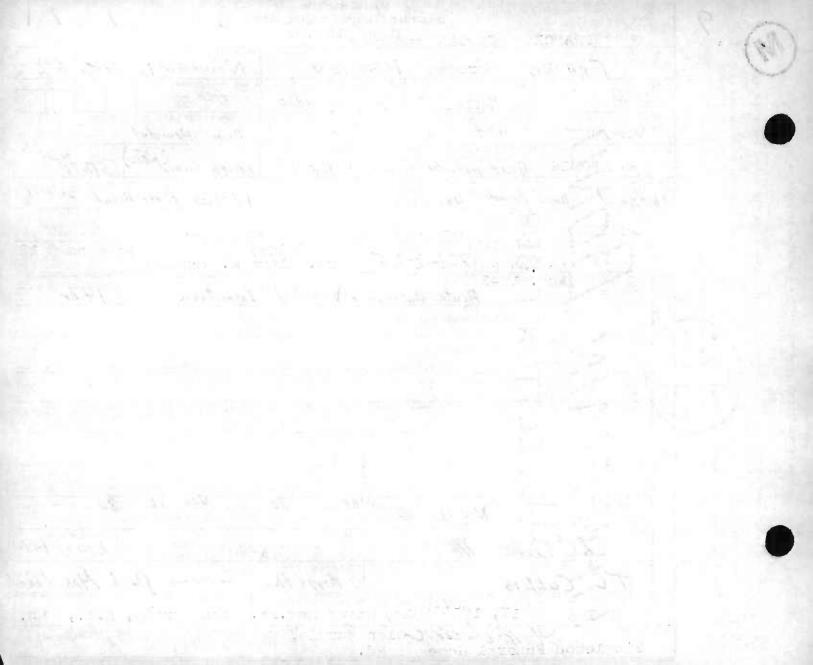
Singleton Funeral Home

(VR A 15 (4))

STATE OF MARYLAND



10	tem 60549 11/17/80 GB STATE OF MARYLAND	
7 9	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE	80 2/2/1
Lav V	FRANCIS GROGAN HENSLEY	REG. NO. TE OF DEATH MONTH DAY YEAR 25 HOUR.
2 31	EORPRINI) F-RANCIS Grogan HENSLEY A	lovember 13 1980 6% M
che 4 may	X 4. RACE S. DATE OF BIRTH 6. AGE	
anth Pog	IRTHPLACE (STATE OR FOREIGN 75, CITIZEN OF WHAT COUNTRY? &	more city or county of DEATH  mne Arendel  MD.
s off by the filed w	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 US	UAL OCCUPATION TO 126 KIND OF RUSINESS OR EWORK FOR MOST OF CORNECTIFE INDUSTRY AND STATE
y filled in should be er must be		REET ADDRESS River Road 21401
completely 1 ond 2 s	CHARLES W. HENSLEY KATHERINE	GRÖGAN
n and co	NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (Wife) YES Aug. 42 to 723-12-7/15 Mrs. Clara M	ADDRESS same as # 13
equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal injury, or other traumatic event, the	PART 1. OF LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  14 Nr  SEASE OR CONDITION GIVEN IN PART 1(0)
n. nos beer permit. ne prior	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. YES	AUTOPSY? 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{VS} \) NO \( \text{VS} \)
PHYSICIAN: The Is anding physician. This certificate hos this certificate hos the burial-tronsit per did Mental Hygiene dor Item 18 shows		TER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
or ottending in ottending is as the burial ofth and Mentamorked or term	21d. INJURY OCCURRED  WHILE NOT WHILE ATWORK AND STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
OR OR	20a. I certify that (I) (this haspital) attended the deceased from	curred on the date and hour and from the causes stated
AL OR ATT the hospi AL DIRECTI detoched fo ote Dept. of IT: If Item 2	276 SIGNATURE DEGREE	CAL STAFF LOVE PHYSICIAN   121. DATE SIGNED   121.
TO HOSPITAL OR AT retained by the hosp treatment of the hosp treatment of the hosp treatment of the hosp treatment of the hospital or the state Dept. or important: If hem 2	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	Saverna PARK MARYLAND
BP	BURIAL 17, 1980 Glen Haven Mem.Pk. G	
DHMH-16 30M 2/80 (VRA 15, 4)	Singleton Funeral Home Md.	83 REGISTAR 256. PE 151 SAN 3 3

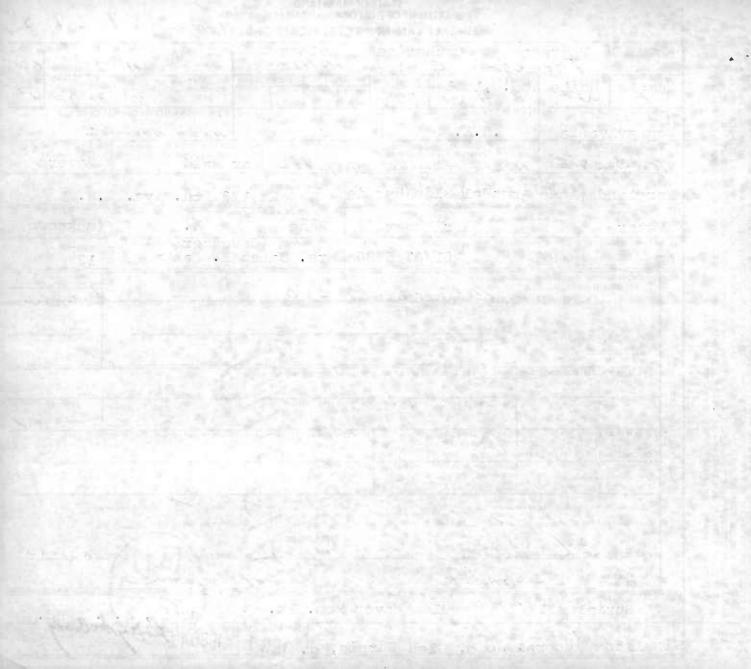


1.	STATE REGISTRAR				HEALTH AND MENTAL I IER'S CERTIFICATE (	PEDEATH	G. NO.	61	6
	PECEASED NAM	AE FIRST		WIDDLE	LAST	20. DATE KNOW		DAY YEAR	2b. F
L		MARSH			HERRING	OF ESTI	ED 2 11	14 1980	1
) 3. S	EX	4 RACE	DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD		24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH	14 1980	2d. 1
70.	BIRTHPLACE (FOREIGN COUNTRY	STATE OR 7	L CITIZEN OF WH		MARRIED NEVER MARR	- VI	ARUN	TY OF DEATH	
71	PNUSPE		(IF NOT IN SUCH FAC	PITAL, NURSING HOMI ILITY, GIVE STREET ADDRESS) ARUNOIS	E, OR OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUST	
5 130. M	JAL RESIDENCI STATE aryland	13 COUNTY	OTHER INSTITUTION, GIVE	e residence before admiss 13c. CITY OR TOWN Ballingre	13d INSIDE CITY LIMITS? YES NO	136. STREET ADDRESS 2324 Furnace	e Avenue	2	
14.	FATHER'S NAM FIRST Unk	nown	WIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
160.	WAS DECEAS YES NO, OR UNKN	ED EVER IN U.S. ARME		166. SOCIAL SECURIT 218-03-390	Y NO. 17. INFORMANT	ADI	DRESS 7 Catani	na Avenu	e
		ons, if any, which	(b)					100	
Z	gave a cause (cause (ca	rise to immediate b) stating the <u>under-</u> use last.	DUE TO, OR A	AS A CONSEQUENCE OF THE TERM	OF HINAL DISEASE OR CONDITION GIVEN IN PA	IRT 1 (a).			
FICATION	gave a cause (cause (ca	rise to immediate b) stating the <u>under-</u> use last.	DUE TO, OR A  (c)  NTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM		RF 1 (α).		20. AUTOPSY	
CALCERTIFICATION	gave a cause (c lying co	rise to immediate ) stating the under- use last.  SIGNIFICANT CONDITIONS CO.	DUE TO, OR A  (c)  NTRIBUTING TO DEATH BI  19b. CONDITI  21b. TIME OF HOUR A.M.	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PARATION WAS PERFORMED?		TEM 18 PART 1 OR PA	YES 🗌	? NO
MEDICAL CERTIFICATION	gave is cause (c lying co	FOPERATION  AL CAUSE WAS  G OR  CAUSE OF DE	DUE TO, OR A  (c)  NTRIBUTING TO GEATH BI  19b. CONDITI  21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE O	ON FOR WHICH OPER INJURY MONTH DAY YEAR	AINAL DISEASE OR CONDITION GIVEN IN PARATION WAS PERFORMED?			YES 🗌	
WEDICAL	PART 2 OTHER:  19a. DATE O  21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK  22a. I cert deoth resul	FOPERATION  AL CAUSE WAS GOOD CAUSE OF DE OCCURRED NOT WHILE AT WORK  ING TO THE TOTAL CONTROL  AT WORK  ING TO THE TOTAL  AT WORK  ING TO THE TOTAL  AT WORK  ING TO THE TOTAL  AT WORK  AT WORK  ING TO THE TOTAL  AT WORK  AT WORK  ING TO THE TOTAL  AT WORK  AT W	DUE TO, OR A  (c)  NTRIBUTING TO DEATH BI  19b. CONDITI  21b. TIME OF HOUR A.M.  21e PLACE O STREET, FACTO  couses   (couses )	ON FOR WHICH OPER INJURY MONTH DAY YEAR 19 FINJURY (ATHOME, RY, FARM, ETC.)	RATION WAS PERFORMED?  21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN II)  CITY OR TOWN	and in my of	YES	NO

STATE OF MARYLAND

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(M)	DECEASE		There	sa	Cat	herine	,	Holm	es	20	DATE KI	NOWN	100	DAY	YEAR	2b. HOUR
28955			The	ECSF				Holk			DEATH A	MATED [				ANN
DURECT DUR FI	Fema	le W	hite.	Awor. 4	901	6. AGE (IN YEAR LAST BIRTHDA	MONTHS		HOURS /		DATE RONOUNC DEAD	CED	MONTH	2 £ 10	FO S	2d, HOUR
NECESSARY, FUNERAL DIRE 5 FOR YOUR 9, WITHIN 72 W. PRESTON	70. BIRTHPL	ACE (STATE O	R	76. CITIZEN	OF WHAT COU	NTRY?	8. MARRIE	D NEVE	R MARRIED	9.	BALTIMO	RE CITY	OR COUN	NTY OF DE	ATH	171
FUNER S FOR WITH		sylva			S.A.		WIDOWE		DIVORCED		ANN		KUNC			MD
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Service Servic	Mary		13b. COUNT Anne	Arun	de1 GI	Y OR TOWN		3d INSIDE CITY	LIMITS? I	13e. STREE	TADDRESS 5th	s 1. A	ve.	S.W.	33	
A VA S	I4. FATHER'S	NAME		MIDDLE		LAST		5. MOTHER	'S MAIDEN		_MIDI	DLE			SI	
25/10	Pet			All the real		.ckner		Ros			Α.			(un	knov	wn)
/	NO WAS DE	CEASED EVE	(IF YES, GIVE	AED FORCES? WAR OR DATES) A		/07/5		Mrs.	Jane	daug et E	hter Ba	(DDRES abka	S S	ame # 13	as	
E, DIVISION	18 C	AUSE OF DEATH	ATH (Enter anl	y ane cause p	er line far (a), (l	b), and (c).)	4			-129				APPRO BETWEE	OXIMATE II EN ONSET A	NTERVAL AND DEATH
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AMINER ALC TRANSIT PI ENTAL HYGI REMOVAL.			ony, which	(b)_												
MEN MEN OR RI	c		ng the <u>under-</u>	< ' ' -	O, OR AS A CO	NSEQUENCE (	)F			U.	5.11	2				
MATION, O		OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RE	LATEO TO THE 1ERM	NAL OISEASE I	OR CONDITION (	GIVEN IN PART	1 (a).						
CREW.	CERTIFICATION D	ATE OF OPE	RATION	19b. Co	ONDITION FOR	WHICH OPER	ATION WA	S PERFORM	ED?					20 AU1	TOPSY?	
SURIAL.	TIFIC			90										YES	s 🗆	NO P
3		RLYING CA		HOU	ME OF INJURY R A.M. MONTH P.M.	H DAY YEAR	21c. HO	W INJURY C	CCURRED	(ENTER NA	TURE OF INJUR	RY IN ITEM 18	8 PART 1 OR P.	ART 2)	100	
	21d. IN	JURY OCCU	RRED	21e. Pi	ACE OF INJUR	Y (AT HOME,	21f. LOC STE			(	CITY OR TOWN	N	co	OUNTY		STATE
10717				af the remain	ns described ab	ave, held pn	Autapsy		Inspection	<u> </u>	Inquiry E	7, .	ind in my D	pinion		
ARYLAND,	deat	h resulted fro	im: Naturo	al causes	, Accident	, Sui	cide	Hamicid	le .	Undeter	mined man	iner .				
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8 AL			"REMOVAL 23			NAME OF CEA	NETERY OR	CREMATOR	RY	23d. LOC CITY OR			COL	unty	STAT	TE
					/	len Ha	ven l		PK.	G1er	n Bur		, A.	An a	Md	
17	NAME	LDIRECTOR	SR. H	Hosz	Consers				D. C.	C'D. BY R	1980	25b. B	Pary,	7950 (So		
7/77	2TIIQ1	eton	runei	cal Ho	ome, G	len Bu	irnie	Mdl.	ULU	7	1000					



VI	FOR STATE REGISTRAR		ME		MENT OF H	E OF MARYLA EALTH AND A R'S CERTIF	MENTAL H		() REG.	2 7	27	1 4
A 1	DECEASED NAA	NE FIRST		MIDDLE		LAST		20 DA	TE KNOWN	MONTH	DAY YEAR	R 2b. HOL
	(TIPE OR PRINT)	Barry	r	Scott		Honaker	r	DEA	F ESTI-	□ 11	4 19 8	0
3	SEX	4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR LAST BIRTHDAY	IF UNDER 1 YR				HTHOM	DAY YEA	AR 2d HOU
	Male	White	12/15/		24 YRS	MONTHS DAYS	Hours	MIN. PRON	OUNCED EAD	77	4 19 8	3:20
7	BIRTHPLACE (	STATE OR	76. CITIZEN OF W	HAT COUN	VTRY? 8	MARRIED   1	NEVER MARRI	FD P BAL	TIMORE CIT			
2		ale,Md.	USA			WIDOWED	DIVORCE		nne Aru	indel C	county.	AAI
10	CITY OR TOWN	OF DEATH	11. NAME OF HO			OR OTHER INSTIT	TUTION	120 USUAL OC	CUPATION (	TYPE OF WORK	12b. KIND OF I	BUSINESS
4	Glen Bu		North	Arun	del Hosi				metal	mechan		3161
	SUAL RESIDENCE o. STATE	(IF IN NURSING HOME C			E BEFORE ADMISSION		E CITY LIMITS?	13e. STREET AD	DRESS			
5	Md.	A.A.		Bow		YES [			7 Laur	rel Bow	vie Rd.	
_ 14	I. FATHER'S NAM	E	MIDDLE		LAST	15. MOT	THER'S MAIDE	NAME	MIDDLE		LAST	
0	Landon			Hor	naker	100	Marga	aret	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Carr	
16	O. WAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		RMANT		ADDRE	SS		
/1	no		WAR OR DATES)	218	8-68-282	22 L	andon I	Honaker	1820	Inver	ness W	ay
F	18 CAUSE	OF DEATH (Enter on	ly one couse per line	e far (a), (b	), ond (c).)					rk Md.	APPROXIM	ATE INTERVAL
	PARTID	EATH WAS CAUSED	D BY: TE CAUSE (0) Me	chani	cal com	ression	of che	est			DET WEET OIL	SET KIND DEATH
1 3 5	> 816	0			NSEQUENCE OF							
		ons, if any, which ise to immediate	(b)									
		) stating the under-		R AS A CON	NSEQUENCE OF				2017			
	lying co	use last.	(c)								44	
		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMIN	AL DISEASE OR CONDIT	TION GIVEN IN PAI	RT 1 a				
	190. DATE O											
	3 190. DATE O	FOPERATION	19b. COND	TION FOR	WHICH OPERA	TION WAS PERFO	ORMED?				20 AUTOPS	Y?
	H										YES X	NO 🗆
3	210. EXTERN	AL CAUSE WAS	21b. TIME O HOUR A.A		DAY YEAR	21c. HOW INJUI						
	CONTRIBUT	ING CAUSE OF I	DEATH 7 . 478M	11	4 19 80		r of a	uto pin	ned ber	neath c	vertur	ned aut
	21d INJURY WHILE	- NOT MANY	PLACE REET, FAC	OF INJURY	(AT HOME,	211. LOCATION STREET		CITY C	OR TOWN	COU	JNTY	STATE
)	AT WORK	AT WORK		treet		Rt. 295	north	of Rtl	75		.A.	MD.
	220. l cert	ify that wook chara	e of the remains de	scribertahe	ove, held on.	Autopsy X	Inspection	lng:	uiry 🗍	and in my op	inion	
Oppos	death resul	/ .	refrequent [] 4	Accident	VIII / 1 -		micide .	Undetermine		].		
	00010301	1 ///		11	-2/		(SPECIFY)	J. October 1				
	ACTUAL SIGNATURE	CXU	Willed	12	wala			iefedical E	Y AMINED	DATE	11/4	/80
		/	N	-	4			- MEDICAL E	CHAILAEL	SIGNE	,	
0	EXAMINER'S	NAME Thoma	as D. Smi	th. M	.D. \	ADDRESS	s 111	Penn St	. Balto	o., MD.		-UUX
2:		ATION, REMOVAL 2				TERY OR CREMA		23d. LOCATIO	N		(TV	STATE
0 -	Bur	ial	11/6/1980			Memoria	al Gard	dens	Dunkirk	Md . COUN		STATE
2	1 FUNERAL DIRE						250. DATE R	REC'D. BY REGIS	TRAR 25b	SURVEY!	CE STANDE	
H		Funeral H	ome 12 Ri		v Ave. A	nn/ Md.	YON	7 198	SU P			
430	4000		7 - 114		,		1144			-		



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1				STATE OF MARYLAND	9 0	27275
	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O U	6- 1 6- 1 4
	DECE TYPE OF	ASED NAME VIOLET	- CARDLINI	Hopkins	20. DATE OF DEATH MONTH	- SO YEAR 26. HOUR
3 3	SEX	F	WHITE	5. DATE OF JETH MONTH 5 1886	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
on 72 hou	a. BIRT	HPLACE (STATE OR FOREIGN NTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	HANE HR	PUNDEL MO.
filed with	In	WAPOLIS	SUCH FACILITY, GIVE STREET	AGORESS HOME HOME	178 USUAL OCCUPATION (TYP) O WORK FOR MOST OF WORKI	176. KIND OF BUSINESS OR INDUSTRY
Joulo Maria	la ST	MD. 17	GIVE RESIDENCE BEFOR	HIS YES NO NO	13 STREET LOPRESS HUK	e AUE.
ond 20		lietoe	MED FORCES? 116b SOCIAL SECU	IS MOTHER'S MADEN NO. FIRST  RITY NO. 17 INFORMANT	DOR ADDRESS	DRESSEL
s. Poge	(YES	10 -	war or dates) 220-0	7-5850 JOSEPH	W. Hopkins	
removal.		PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), on D BY. E CAUSE (a)	dicty		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 days
ematian, ar		Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSECUL	I Vareulas C	truffica	ney you
please suriol, cr y, or ath	-	underlying couse lost.	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
prior t	CERTIFICATION	DATE OF OPERATION	19% CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO}  \text{\bigcap} \)
1 EX	7	I. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEAT	LIGUID A MA MONITH D		RRED (ENTER NATURE OF INJURY IN ITEA	
arked ar H	¥	Id. INJURY OCCURRED  WHILE NOT WHILE TWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)  211 LOCATION  STREET	CITY OR TOWN	COUNTY STATE
of Hea		saw the deceased alive on above, (I) (we) raids (did not	rol) attended the deceased from_ 19_ till new the body after death		n death occurred on the date and	19 that (I) (we) lost d hour and from the causes stated
State Dept of He		I SIGNATURE A	luply !		MEDICAL STAFF	12 - (-80
thould be well the S		F.MSA	FUPLEY	72* ADDRESS	apolir	my
	100	RIAL CREMATION, REMOVAL	12/2/80 1	THOREST	HWW Apoly	S COUNTY OF A MASS
50M 7/77	1	no. I	L. J. Aughay	e real of	EC4 IDOU	adrag / Mc Chooling

A 28 A C. C. O. O. Sterragero P. C. Sterrager TOLET CHENTALE HOLLING II THE HUE Peuros Manual S. Hangali Billia Horse Travello Ta. AND THE ME SHE STATE OF THE PUBLIC PUBLIC TELESCE HARLE AND THE USE AND SECTION and the second second M. Stewart Lange Je

STATE	OF.	MARYL	AND	
DEMENT OF HE	ALT	HAND	MENT	AI

4	1.	FOR - STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		2	7 2	/ 6 E.S.T
1		CEASED NAME FIR	ST CHARD	D. In	UMPHF	REYS, JR.	20 DATE OF DEAT		DAY YEAR	25 HOUR 2:20 <sup>A</sup>
1	3 SE	x MALE	4 RACE WHI	ræ	5. DATE O	DAY YEAR	6. AGE JINYEARS LA	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
35	M	IRTHPLACE (STATE OR FOREK COUNTRY) ARYLAND	U.S		WIDOWE		9. BALTIMORE CI	OR COUNTY		MI
54		GLEN BURNIE	NYUSTIT!	HEARTH SHEET	TOSP1	OR OTHER INSTITUTION	12a. USUAL OCCU (TYPE OF WORK FOR M Inspecto	OST OF WORKING LIF		of Business Or itor
35	13a	Maryland	ONE OR OTHER INSTITUTION COUNTY  A . A .	13c CITY OR TOWN Severn	N	13d. INSIDE CITY LIMITS? YES NO 🔯	Rt. 1, E		Lot 9	(21144)
20		ATHER'S NAME FIRST Richard	MIDDLE D.	Humphreys		15. MOTHER'S MAIDEN NA.  FIRST  Elizab	eth	H.	Bush	51
1			S. ARMED FORCES? VES, GIVE WAR OR DATES) W.W.II	160 18 0		Evelyn Humph		ne as 13		MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse la	DUE TO, (c)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		CONDITION CIN	EN IN DART 1/	
	NO	PULMON	ARY ADEN	OCARCINO	MA W	ITH CARCINO	MATOSIS			
	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES ☒ NO	IN CERTIF	S, WERE FINDII YING CAUSES S	
1		71a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, P	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
		22a. I certify that (1) (this saw the deceased of above, (1) (we) (did) ( 22b. SIGNATURE	ive on	. 19		nd that in (my) (our) opinion  DEGREE  ATTENDING	death occurred on t			
1		226, PHYSICIAN'S NAME ARSENIO S.	(TYPE OR PRINT) ANTOS, M.J		-3	PHYSICIAN 220. ADDRESS 325 HOSPITA GLEN BURNIE	DIRECTOR   PH	SUITE 20	7	
	23a	BURIAL, CREMATION, REM (SPECIF Burial				EMETERY OR CREMATORY Hill Cem.	23d LOCATION CITY OF TOV Ritchie	Hg.,A.	COUNTY A. CO M	state arvland

DHMH-16 30M 2/80 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR Geo. M. Gon Gonce,4001 Ritchie Hg. . Baltimore, Md 25a. DATE REC'D.

BY REGISTRAR 756. REC.

THE PURCHAST BEGINS RELIGIOUS TRANSCEDE STORT THE TEXAL ENT HER STY TESTS IN and it was a court of the a executive the s . M. marinia . . Marinatio 100%, some . . . por

Funeral Home

(VRA 15, 4) 1/79

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	1.	REGISTRAR				CERTII	HEALTH AND MENTAL H	TOTAL C	REG. NO.			
		CEASED NAME	EMST	MI	DDLE		LAST	2a. DATE C			DAY YEAR	2h HOUR
		OR PRINT)	Walter	Λ,	nham		Kees		1	1	8 80	1:10
M)	3. SE	x wale	(	RACE	sían	5. DATE O	DE BIRTH	_	4 S		MONTHS DAY	
o ged	A C	RTHPLACE (STATE OR OUNTRY) est Virgin	,		HAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIM	ore city or	COUNTY		7.
of pe notified		llens ville	EATH 11.	NAME OF H	OSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12e USUAL	OCCUPATION MOST OF	N	12b. KIND	OF BUSINESS
niner mu	13a. S	AL RESIDENCE (IF NUI		1	Martir	ORE ADMISSION)			ADDRESS E. Rac	e St	reet	
nexa per 7	14. FA	ATHER'S NAME FIRST Elmer	В		Kees		IS MOTHER'S MAIDEN PRINTERST		L. MIDDLE		Shad	e e
t, the med		WAS DECEASED EVEL YES, NO OR UNKNOWN) Yes	R IN U.S. ARMEI (IF YES, GIVE WA	R OR DATES)	224 -10		Mrs. Lillia	an Henle	ADDRES 717 ey- Pas	Pas	adena a, Md.	2112
atic even		18 CAUSE OF DEA PART I. DEATH V	TH (Enter only of WAS CAUSED B	Y	ne far (a), (b), c	atory	arrest					NONSET AND DE
5 5		4149	1						.10			
er trac		Conditions, if any		(b)	Sepsis-		betes mellit	us			7-	1-80
y, or other trac		Conditions, if any gove rise to im couse (a), state underlying cous	nmediote ing the	(b)	Sepsis-	- Dial	betes mellite rt disease	us				1-80
ny injury, or other trat	NO	gove rise to im couse (a1, stati underlying cous	nmediate ling the se last	(b) DUE TO, OR	Sepsis- AS A CONSEQ Corona	Dial			SE OR COND	ITION GIV	7-	1-80
shows any injury, or other train	TIFICATION	gove rise to im couse (a1, stati underlying cous	nmediate ing the se last	DUE TO, OR	Sepsis- AS A CONSEQ COTONAL NTRIBUTING TO	Dial	rt disease			20b. IF YES	7-	1-80
ir frem 18 shows any injury, or other trat	CAL CERTIFICATION	gove rise to in couse (a), state underlying couse PART 2 OTHER SIG	mediate ing the ing	DUE TO, OR  (c)  NDITIONS COI  196 CONDIT	Sepsis- AS A CONSEQ COTONAT  NTRIBUTING TO  HON FOR WHICH  INJURY  MONTH	Dial	TT disease I NOT RELATED TO THE TE ON WAS PERFORMED  1716 HOW INJURY OCC	RMINAL DISEA	OPSY?	206. IF YES IN CERTIF YE	7-	1-80 DINGS USED ES OF DEATH
or Item	MEDICAL CERTIFICATION	gove rise to im couse ID , stori underlying cous PART 2 OTHER SIG 190 DATE OF OPER/ 210. ACCIDENT WAS UN OR CONTRIBUTING [] IF EITHER, NOTBY MED) 214 INJURY OCCUR	SNIFICANT CON ATION  NDERLYING  CAUSE OF DEATH KCAL EXAMINER) RRED WHILE	DUE TO, OR  (c)  NDITIONS COI  1% CONDIT  216. TIME OF HOUR A.M. 216. PLACE O	Sepsis- AS A CONSEQ COTONAT  NTRIBUTING TO ION FOR WHICH INJURY MONTH	Dial DENCE OF TY hea: DEATH BUT TH OPERATIO	TT disease I NOT RELATED TO THE TE ON WAS PERFORMED  1716 HOW INJURY OCC	RMINAL DISEA	OPSY?	20b. IF YES IN CERTIF YE	7-	1-80
tem 4		gove rise to im couse (D), stoth underlying couse (D), stoth underlying couse (D) and	SNIFICANT CON ATION  NDERLYING  CAUSE OF DEATH KALEXAMINER)  WHILE  VORK  I) (this hospitol)	DUE TO, OR  (c)  196 CONDIT  216. TIME OF HOUR A.M  716. PLACE O (AT HOME, STREE	Sepsis- AS A CONSEQ COTORA  NTRIBUTING TO ION FOR WHICE INJURY MONTH FINJURY ET, FACTORY, OFFICIA	Dial DUENCE OF TY hea: DODEATH BUT TH OPERATIO  DAY YEAR 19 E, FARM, ETC.)	TT disease  I NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCCU  216 LOCATION  STREET  19	ZOG AUT YES  URRED (ENTERN	OPSY?  NONE  INDICATE  IND	20b. IF YES IN CERTIF YE IN ITEM 18, P	7- 5, WERE FINE YING CAUS S COUNTY  COUNTY	1-80  I(a)  DINGS USED ES OF DEATH NO  STAI
If Item 21 is marked or Item 1		gove rise to im couse ID , stoth underlying cous PART 2 OTHER SIG  190 DATE OF OPER:  210. ACCIDENT WAS UN OR CONTRIBUTING [] IF EITHER, NOTHY MEDI 210. INJURY OC CUR WHILE   NOT V AT WORK   NOT V AT WORK   NOT V 270.1 certify that (1) sow the deceo abave, (1) (we) 27b SIGNATURE	ATION  ATION  DOERLYING CAUSE OF DEATH  KALEXAMINER  WHILE CORK  (did) (did not) w	DUE TO, OR  (c)  NDITIONS COI  196 CONDIT  216. TIME OF HOUR A.M P.M  216 PLACE O (AT HOME, STREE)  ottended the new the body of	Sepsis- AS A CONSEQ COTONAT  MIRIBUTING TO ION FOR WHICH INJURY MONTH  FINJURY ti, FACTORY, OFFICE  deceased from	Dial DUENCE OF TY hea: DODEATH BUT TH OPERATIO  DAY YEAR 19 E, FARM, ETC.)	TT disease  I NOT RELATED TO THE TE  ON WAS PERFORMED  216 HOW INJURY OCCI  216 LOCATION  STREET  . 19  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUT VES U URRED (ENTERN	OPSY?  NO STATE OF INJURY  CITY OR TOWN  red an the dat	POD. IF YES IN CERTIF YE IN ITEM 18. P	7- S, WERE FIND EYING CAUS S COUNTY  COUNTY  19 276. DA	1-80  I(a)  DINGS USED ES OF DEATH' NO  STAT
marked or Item 1	MEDICAL	gove rise to im couse ioi, stoti underlying cous  PART 2 OTHER SIG  190 DATE OF OPER/  210. ACCIDENT WAS UP OR CONTRIBUTING IF EITHER, NOTBY MEDI 21d INJURY OCCUP  WHILE NOT AT WORK AT W  220.1 certify that (1 sow the decoobave, (1) (we)	SAME ITYPE OF PRI	DUE TO, OR  (c)  NDITIONS COI  196 CONDIT  216. TIME OF HOUR A.M P.M  216 PLACE O (AT HOME, STREE)  ottended the new the body of	Sepsis- AS A CONSEQ COTORIA  NTRIBUTING TO ION FOR WHICE INJURY IT, FACTORY, OFFICE deceased from the deceased from the deceased from the deceased from	Dial DUENCE OF TY hea: DEATH BUT TH OPERATIO  DAY YEAR 19 E, FARM, ETC.)	THE LOCATION STREET  DE GREET  THE LOCATION STREET  DE GREET  DE GREET  THE LOCATION STREET  DE GREET  DE GREET  THE LOCATION STREET  DE GREET  DE GREET	200 AUT  YES   URRED (ENTERN  On death accurr  MEDICAL  784	OPSY?  NO STATURE OF INJURY  CITY OR TOWN	PANER 18, P	7- ZEN IN PART  S, WERE FIND YING CAUS SS COUNTY  COUNTY  19 JO and from 11  ZAN 226. DA  RD.	1-80 DINGS USED ES OF DEATH NO

STATE OF MARYLAND

nn undel Lount, Steel .Va. Berkeley fartinsburg xx 317 E. Race Street i io L. .liner 717 Pasadora ld. Unknown Respiratory astest 08-81-01 7-1-80 Sepsis- Diabetes nellitus 00-1-1 Coronary heart discase

burial 12-1-30 Rosedale Cemetery Articiput, serkeley, .v.

Prove Furerni come, inc. Partinghurs, N.V.

SEX

NO

CERTIFICAT

MEDICAL

(SPECIFY)

Burial

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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH DECEASED NAME 2h HOUR ohn William November 1980 Kemmen, 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 DATE OF BIRTH Dec HOURS 1970 Male BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Russia Anne Arundel (ounty DIVORCED [ WIDOWED (TYPE OF WORK FOR MOST OF WORKING LIFE Glen Burnie Stevedore UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Anne Arunde 13d. INSIDE CITY LIMITS? 21122 lanuland Pasadena 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Unknown Kemmen Anna ohn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Same as #13 Mrs. Louise N. Kemmer 217-01-2151 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line factor, (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 774.1 certify that (1) (this hospital) attended the decrased I The deceased plive on and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above. (Uliwe) iniel (did not) view the body ofter WE SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) E. Patapsco Ave. Balto., Md. arles N. Patalinghua. M.D. 230, BURIAL CREMATION, REMOVAL

Holy (ross (enetery

ully F.H. Mtn. & Tick Neck Rds., Pasadena, Md.

Brooklyn Pk. Ann

DHMH - 16 50M 7/77

(VRA 15 (4))

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A. Karnen Dame as all	The Louise	164-11-75	ging the ge	
donne, milos, milos			a alingius	
		v	۱۱/۱۱، د در در	ladesil M. J. Lidder L. L. M.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 2ª DATE OF DEATH HTMOM DAY YEAR 2h HOUR 06 80 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS HOURS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER 115 SANDY BEACH DRIVE 21122 WOODLAND ADDRESS 1411 LOCUST STREET 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART ) OR PART 2) COUNTY CITY OF TOWN STATE and that in (my) (sort) opinian death accurred an the date and have and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 4700 PENNINGTON AVENUE, 21226 COUNTY

DHMH-16 25M (VRA 15, 4) 1/79

FOR

REGISTRAR

- STATE

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

**ADDRESS** 

21229

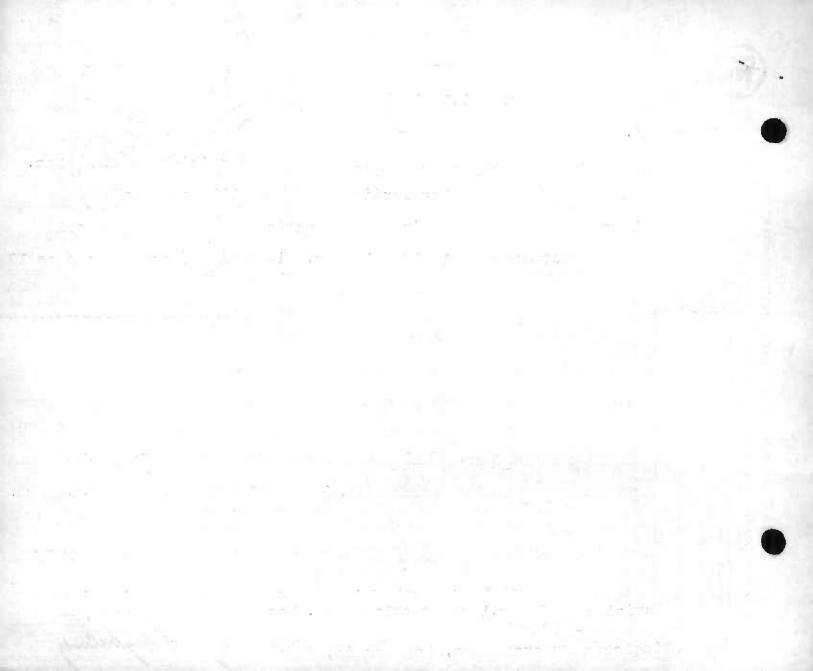
ELKRIDGE HOWARD 25e. DATE REC'D. BY RECUSTRAR 256.

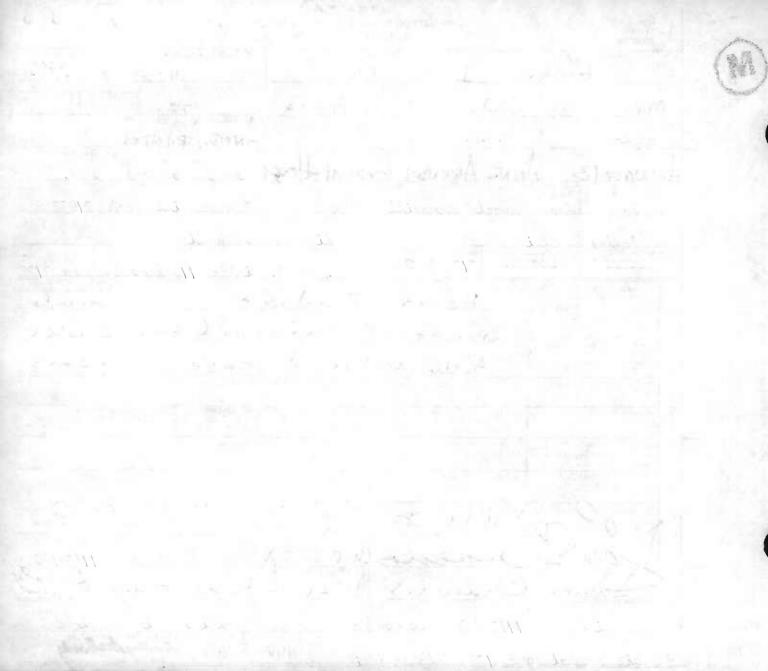
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1	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 0	27281
X		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO	O.  MONTH DAY YEAR 26 HOUR
ng .		OR PRINT) Hikh		Kout	To DATE OF DEATH	11 27 80 2:40 8
(M)	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	
	7a. B	RTHPLACE (STATE OR FOREIGN	BIACK 76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
100	CE	IVET CO. MO.	11. NAME OF HOSPITAL NUI	WIDOWED DIVORCED	1440	MI
by the filled will	(	2018 24 AUG	(IF NOT INSUCH FACILITY, GIVE ST	SSING HOME OR OTHER INSTITUTION  RETADDRESS.	120 USUAL OCCUPATION OF COMMENTER	
filled in ould be	13a. S <b>Y</b>	AL RESIDENCE (IF MORSING HOME OR ITATE 136 COUN	TY 13c. CITY OR T	OWN , 13d. INSIDE CITY LIMITS? YES NO	13-STREET ADDRESS	ipolisheck Rd.
2 sh	II. FA	THER'S NAME	NODLE LASE	15. MOTHER'S MAIDEN N	AME	
E 0 (8)74	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIALS	ECURITY NO. 17. INFORMANT	ADDRE	JON'S S
s. Poges e medico	(	(IF YES, GIVE	war or dates) 577-3	38-5556 Le MUE ( 7	r. Kont745	ANNAPOLIS NEOK Rd.
physicio onpopers emovol. event, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (b) BY:	ond of Rotronik	JAPLA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		2118 IMMEDIATE	CAUSE (o)	and and bourt	- Tropos	3100
nove corb nove corb totion, or i		Conditions, if ony, which	DUE TO, OR AS A CONSE	OUENCE OF		
by the cose remo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF		
gned en ple burio iny, or	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER		DITION GIVEN IN PART 110
been si mit. The prior to ony inju	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
No se e pe	TE	100			YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO
buriol-trons Mentol Hygor frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		DAY YEAR	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
2 × 5 m	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION	CITY OR TO	wn COUNTY STATE
h ond	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC ) STREET	CIITORIO	WW COUNTY STATE
Use of Healt is mo		22a.1 certify that (I) (this haspin sow the deceased alive on	al) ottended the deceosed fro	0.0		, 19 <b>25</b> , that (I) (we) las
ECTC ed for ot. of em 21		obove, (I) (we) (did) (did not	view the body ofter deoth.	DEGREE	n deoth occurred on the de	ote and hour and from the causes stated
RAL DIRECTORED detoched for Dept. of 101: If them 2		JA Chang	July	ATTENDING PHYSICIAN	CAL STAI	F - 11 22-00
we way		22d. PHYSICIAN'S NAME (TYPE OF	PRINTO	274 ADDRESS A	1 0	N . M
should b with the		EKROLA	-GHILLE	MD 30000	eld are	- purginal
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 12-1-87	HIKKEST MEM. THISEN	C DALDO AL	Mary ford
-16 30M 2/80	245	NERAL DIRECTOR		25a. D/	ATE REC'D. BY BY GISTRAR	Belley Actionly
A 15, 4)		moves & Hic.	KS 1920 FOR	Lest Drive DEC	2 1980	

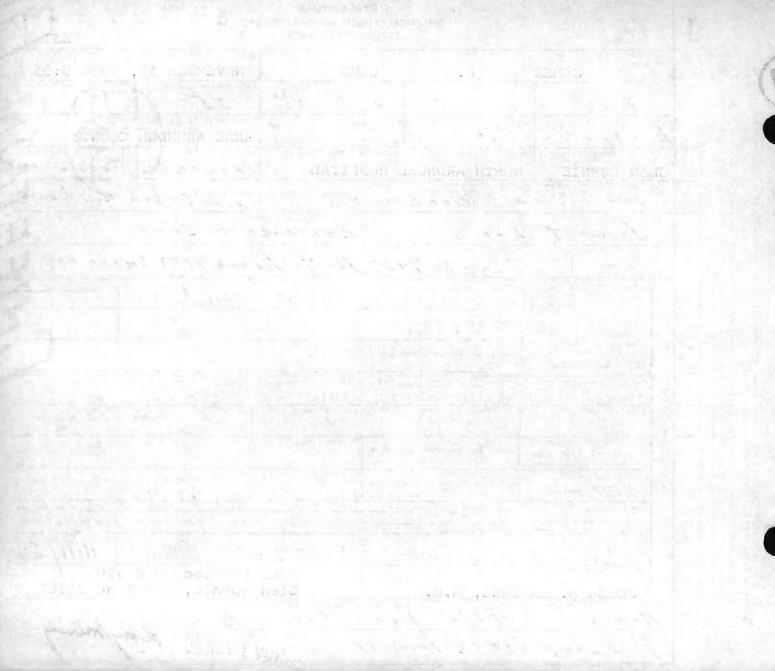
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STATE OF MARYLAND





y	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0 2	7 2 8 4 EST
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR D
deorth deorth		JAMES	D.	LAMB	NOVEMBER 10,	1980 9:35 M
ge 4 mo rector, po	3. SE	Male	NE GRO	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	FUNDER I YEAR IF UNDER 24 HRS DNIHS DAYS HOURS MIN.
deoth Po	13	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED S	ANNE ARUNDEL	
by the filled with		EN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH ARUNDE	G HOME OR OTHER INSTITUTION L HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
AND 212	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE	NTY 13c, CLTY OR TOW	ADMISSION) N 131 INSIDE CITY LIMITS? FES NO	13e. STREET ADDRESS	Holl have
MARYLL ed within ond 2 sh	14 F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME E, MIDDE ON 55	LAST
BALTIMORE, one be execut be execut cote be execut by siction and co appers. Pages 1 vol.		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU	RITYNO. 17. INFORMANT	ADDRESS AMB 1503 SH	EFFIELD RA
1 W. PRESTON ST., hat the deoth certific by the ottending ph ase remove corbon of L. cremotion, or remo other troumotic even		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	D BY: TE CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	)	arust	
Ibov requires to so	ATION	PART 2. OTHER SIGNIFICANT OF	sublice of	DEATH BUT NOT RELATED TO THE TERM  CHAPTER  OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
At.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO YES	
DIVISION OF VIT	VEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED		19 21f. LOCATION	CITY OR TOWN	COUNTY STATE
3 0 0 0	2	AT WORK POT WORK  77e-1 certify that (I) (this hospi		11/2/19	11/10/8	9, that (I) (we) lost
PITAL OR ATTEN by the hospitol by the hospitol FERAL DIRECTOR: se detoched for us Store Dept. of He ANT: if them 21 is		staw the decoared alive as above, (I (we (did) (did on 17th SIGNATURE)	Me 13 Parce	DEGREE ATTENDING	death occurred on the date and hour	ond from the couses stated
FUN FUN SIGE		TOPCE B RA	AMIREZ. M.D.	220. ADDRESS 7845 Gler		
D OI S W		BURIAL, CREMATION REMOVAL		MAME OF CEMETERY OR CREMATORY	23d LOCATION BURGANA	COUNTY
DHMH-16 30M 2/80		UNERAL DIRECTOR	639 3 Braken	250. DAT	E REC'D. BY REGISTRAR 25b	my / Statistically



V	1		STATE OF MARYLAND	11 /1 /1	7000
^	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYC	GIENE OU 4	1200
( ( )	I Di	CEASED NAME FIRST	MIDDLE LAST	REG. NO.	DAY YEAR TO HOUR
TANT	(TYP	E OR PRINT)	- 1111 . / /	20. DATE OF DEATH MONTH	d so =
10	3 SE	Charle	RACE IS DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR OF UNDER 24 HRS
tor, after	, 31	mala	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
Pag directions	70 B	IRTHPLACE (STATE OR FOREIGN 7)	White Sept. 8 1897	9 BALTIMORE CITY OR COUNTY	OFDEATH
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the fun within	10 0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
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2 4 6	USU	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  THE CITY LIMITS?	Kreight Claim Agei	#1 - Apress C
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S 8 8 8	14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NA	1010 1101	Tivellae
complet 1 and 2		FIRST	ODLE LAST FIRST	March	LAST
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- TO -		No	718-18-7408 Gertrude	Witanham	#13a
ificate ysiciar pers. F oval. event,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and c'.		METWEEN ONSERAND DEATH
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s bee	<b>₹</b>	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
V: The L te has b permit. Iene pri	CERTIFICAT		7	IN CERTIF	YING CAUSES OF DEATH?
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Sylva yys. tradital		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR		
_ 5 ± 5 ≥ 0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET	CITY OR TOWN	COUNTY STATE
ENDING or attending (SE: After se as the be ealth and is marke	1 2	WHILE NOT WHILE AT WORK	TAT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)	CITTORIOWN	COUNTY STATE
OR: Se as Health		22a.1 certify that this because		2,10_1/27	19 ST2 , that the (we) la
ATTEN oital or a ECTOR for use a of Hea	1	saw the deceased alive an abave, (I) (we) (did) (did act)	view the body after death	death occurred an the date and have	r and fram the causes stated
OR hos DIR Dept Dept	1	226. SIGNATURE	DE GREE .		221. DATE SIGNED
		14-67100	Munay, MI) ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	11/27/80
HOSPIT.		228 PHYSICIAN'S NAME (TYPE OF P	RINT) 12e ADDRESS	1 1	11-1
TO HOSPITAL		K. I. He	ochman, LD 16 Murro	og Ave Arma	engles, Met 219
F 5 F 8 3 5	230	BURIAL, CREMATION, REMOVAL	231. DATE 231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY 1.4 STATE
BP	E	Durial	Nov. 291880 Tarklawn Cem.	Rockville M	lont. mo.
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS 256. DAT	E REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
(VRA 15, 4) 1/79	100	ohn M. Taylor	& Jons Honapolis, MUI D	EC4 1980 pros	my / hoursday

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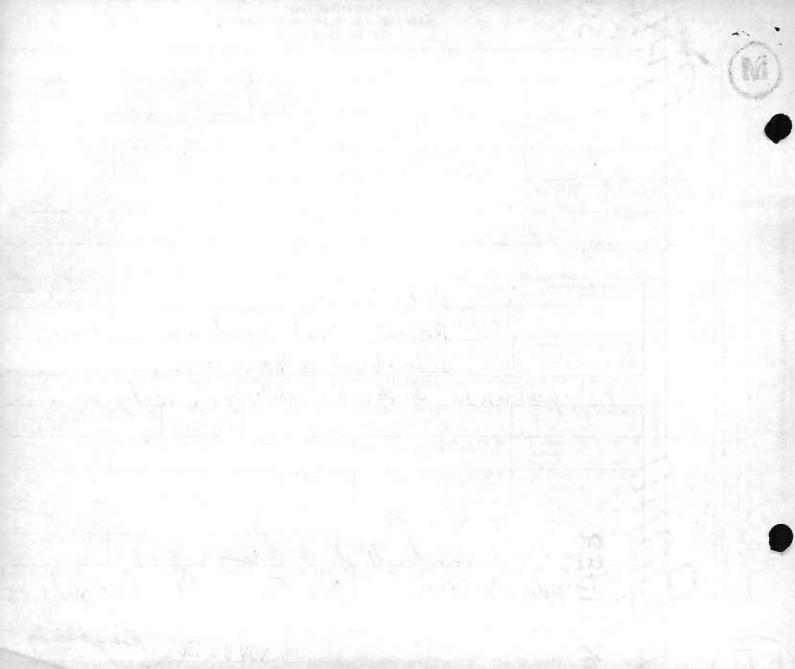
		ee item 18-22 Fil FOR STATE REGISTRAR	Lm G 551 1/8/81 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	286
200 - 11 H 200 12		CEASED NAME FIRST	MIDDLE LAST 2a DATE KNOWN W MONTH OF ESTI-	DAY YEAR 26 H
300	3. SE		DEATH MATED DEATH	18 19 80 DAY YEAR 2d
	70 P	Female White	DEAD DEAD DEAD LINES OF STRS.	18 1980 7
N PROPERTY OF THE PROPERTY OF	5 "	DREIGH OUNTRY)	MARRIED NEVER MARRIED	bunty.
AY IS O THE PAGE IS PAGE IS PRIED	10. 0		1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
RDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  SECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE NG" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FURCAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. BURIAL. TRANSIT PERMIT. PAGE 5. HAND SCHOULD BE FILED. M I AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. AATION, OR REMOVAL.	USU 13a.	Severno Park  AL RESIDENCE (IF IN NURSING HOME OR O TATE   181 COUNTY	2 White Oak Court Corner Court  Other Institution, Give residence Before Admission)  [13c. CITY OR TOWN JI3d INSIDE (ITY LIMITS? 130 STREET ADDRESS	Dept. St
4. IF AN 3. RE 2. SHO AL REC	14. F	ATHER'S NAME	4. Severas Art YES NO 15 A White Oat	Ct.
DEATH DEATH AND	0	Daytro	MyKiez Anostasia UI	Known
AFTER IVE PA H FOR AGES I ISION	160.	VAS DEŒASED EVER IN U.S. ARME ES, NO, OR UNKNOWN) (IF YES, GIVE WA	D FORCES? RORDATES)  17. INFORMANT  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	13
ST., B., OURS 18. G. MIT. PV IE, DIV		18. CAUSE OF DEATH (Enter only of	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTE
A 24 HA ALONG TERM TERM YGIEN		9803 IMMEDIATE	CAUSE (a) Acute desipramine intoxication ( DUE TO, OR AS A CONSEQUÊNCE OF	
VITHIN VCIL IN NCIL IN NEW SANSI	-	Canditians, if any, which gave rise to immediate	(b)	
UTED V IN PER EXAM EIAL - TI ON, OI		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c)	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY STRING THE WOODS "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND STRING THE WOODS "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND STRING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND STRING TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REPARTS SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECONDING TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS COM	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
WIL REC VUID B V. PEN EF ME SED AS SED AS AL CR	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MORD PER	ERTIFI	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES Y
ON OF ON OF THE WASTAMEN		UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR ATH ? P.M. 11-18 19 80 ingested despiramine	,
DIVISIC NER: THIS CERTII ICATE, WRITING FORWARDED T TOR: PAGE 3 SH THE STATE DEPA THE STATE DEPA	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.)  home 2 White Oak Court Severn Park,	A.A. Md.
ATE, THE CORWING PARESTA			emains described abave, held an Alapsy X, Inspection . Inquiry . and in my of	pinion
RECT WITH T		death resulted fram: Natural		
CAL EXHOUTE CALL EXHOUTE CALL EXHIPTER CALL		ACTUAL SIGNATURE	MILEPUTY ChiefMEDICAL EXAMINER SIGNE	ED_11/18/80
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH WITH THE STABLISHORE, MARYLAND, 2	1.	EXAMINER'S NAME Thor	mas D. Smith, M.D. ADDRESS !!! Penn St. Balto., M	1D
	23a E	URIAL, CREMATION, REMOVAL 236	DATE 23t NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY OF COUN	NTY STATE
BP	24 1	UNERAL DIRECTOR	1-22-80 Celvary Cem. Pittsburgh  ADDRESS 501 Ritchie Huy  1250. DATE REC'D. BY REGISTRAR 1245 REGISTRAR'S S	SIGNATURE
(VR A15 ME (5) )	1	obert S. Bari	ranco Severna Park. NOV 21 1980	Bushy



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(VR A 15 (4))

STATE OF MARYLAND



injury, or other traumatic

MAPORTANT: If Hem 21 is marked or Hem 18 shaws any

DHMH-16 50M7/77 (VR A 15 (4))

FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	100	REGISTRAR			CERTII	ICAIL OI DEF		REG. NO	Э.		
	1. DE	CEASED NAME FIRST	MID	DLE	L	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		Sidney	nm	i	Li	u	7000	Novembe	r 13,	1980	707 M
1	3. SE	A	4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
1		Male	Orient	al	July	4, OAY 19	ŎĨ	79	YRS	NIHS DAYS	HOURS MIN.
2-7		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WI	HAT COUNTRY?	8	D NEVER MAR		BALTIMORE CITY O		FDEATH	1000
1		(hina	4.5	.A.	WIDOWE	, ,	RCED	Anne	Arund	el (ou	ntus MD
1	-	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	G HOME C	OR OTHER INSTITU	TION	120 USUAL OCCUPATION OF WORK FOR MOST O		126. KIND O	F BUSINESS OR
4	9.	Len Burnie	North 1	Arundel 1	Tospi	tal			neer	Beth	. Steel
ام ر		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY	HMITS?	13. STREET ADDRESS			
0	111	anyland finne	Anundel	Pasaden	a		D. (C)	8133 Vent	non Rd.		21122
7 /	14 FA	THER'S NAME	WIDDLE	/AAST	Well, I	15. MOTHER'S M.		E		14 145	
41,		Min-Lan		Liu		Ju-1	ong		\$153 C	yao	
1	160 V	VAS DECEASED EVER IN U.S. AR ES, NO DRUNKNOWN) (IF YES, GIVE	WAR OR DATEST	SOCIAL SECUR	4 4	17 INFORMANT		ADDRE		11	
		ES, NO DR UNKNOWN) (IF YES, GIVE		171-09-9	476	Mrs. Pe	anl Li	u = S	ame as	#13	
		18 CAUSE OF DEATH (Enter on PART ). DEATH WAS CAUSE	ly one couse per fin	ne for (a), (b), and	(61.1					BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE CAUSE (0) Cardiac aust								Sud	den
		DUE TO, OR AS A CONSEQUENCE OF									
	1	Conditions, if ony, which ( 16) acute my ocardeal infarction								Suc	delin
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying couse last	(c)	istirio	clisa	tie car	diov	escular de	tease	20	Junes
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	31
	CERTIFICATION	190 DATE OF OPERATION	Visi Con Internation	24150844464					Tan. 10.1150		
0	FICA	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH (	DPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		WERE FINDING CAUSES	OF DEATH?
	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NIIIDV		121, HOW INTUIN	V OCCUPPE	YES NO	YES		NO 🗌
1		OR CONTRIBUTING CAUSE OF DEA	LUQUE AM	MONTH DA	Y YEAR	ZIC. NOW INJUR	T OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.M.	IN LILLEN	19	21f. LOCATION					
	MEC	WHILE NOT WHILE IT	21e. PLACE OF (AT HOME, STREET	I, FACTORY, OFFICE, FA	RM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE
	1	AT WORK AT WORK			1	100	15	Alema	/ 2	Fa	
		22a.1 certify that (1) (this haspital) attended the deceased from 5, 19 5, to NOV. 3, 19 50, that (1) (we) lost saw the deceased alive on NOV. 1950, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated									
		obove, (1) (we) (did) (did no	t) view the body of	ter death.		DEGREE	,	on decorred on the de	The Grid Hour C	122c. DATE	
Ä	N	80 F		5.	~		NDING >	MEDICAL STAF	F		" Can
-		22d. PHYSICIAN SMAME (TYPE O	R PRINT1	m.	√0.	PHY 22e ADDRESS	SICIAN 📉	DIRECTOR   PHYSIC	IAN []	Wev.	16 1/80
		5 1 1im	MA				North	enn Phous.	Balto.	Md	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	127, N	AME OF C	EMETERY OR CRE		1234 LOCATION	Date:	, rius	
	(5	Burial				ven Men.		Glen Burn	4	Arune	101 Md
	24 FL	INERAL DIRECTOR	1 / . // .	750 320	Je 114	21122	25g DATE	REC'DABY RECHEMBAR	25b. 7	may Me 19	The state of the s
	Mc	Cully F. H. Mtn.	& Tick No	och RdA.	Pasa	dena Md.	NOA	1 9 1980	0-1	/	1
		Carried a		~							

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FOR

REGISTRAR

I. DECEASED NAME

- STATE

TYPE OR PRINTS

12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 1014 UPTON ROAD, 21061 PRIEST GLEN BURNIE, MD. 1014 UPTON ROAD APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN #135 300 HOSPITAL DRIVE IMPORTA 21061 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN BURIAL 1-07-80 LOUDON PARK BALTIMORE CITY MARYLAND 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 DHMH-16 30M 2/80 (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

EST

26 HOUR

IF UNDER I YEAR

REG. NO

MONTH

20 DATE OF DEATH

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STATE OF MARYLAND

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HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

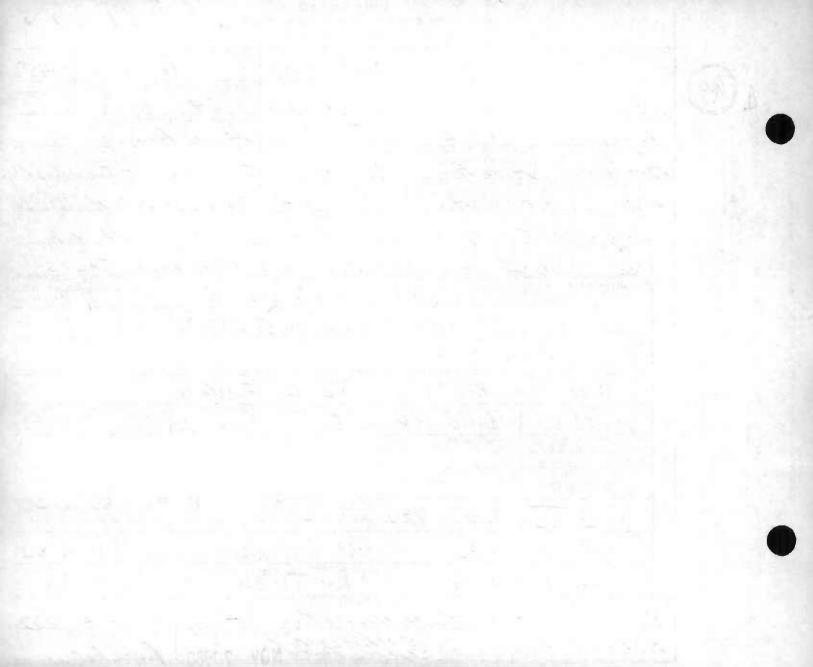
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(VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

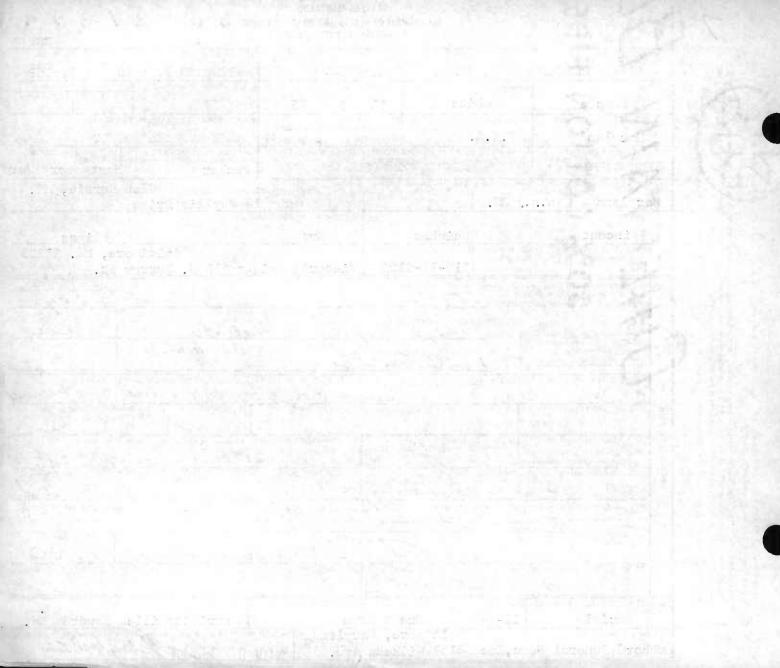
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STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



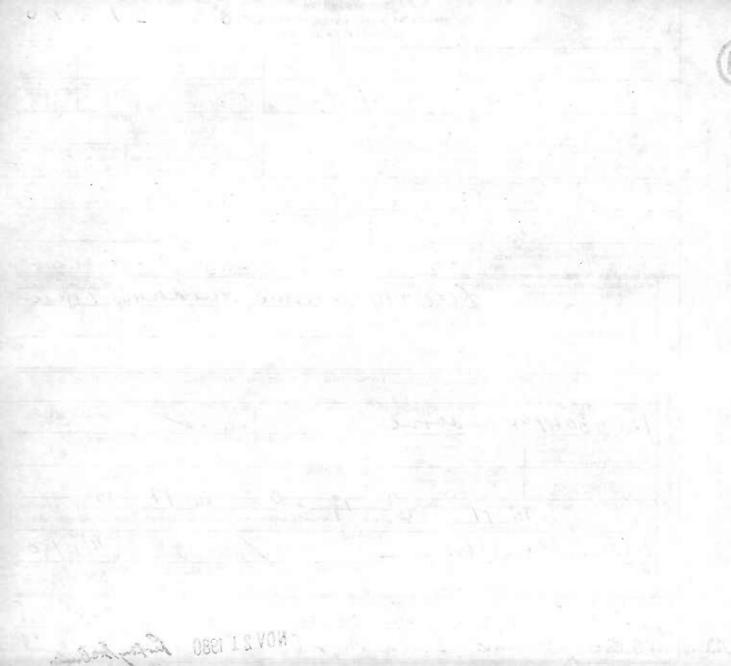
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Raymond C. Fink

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DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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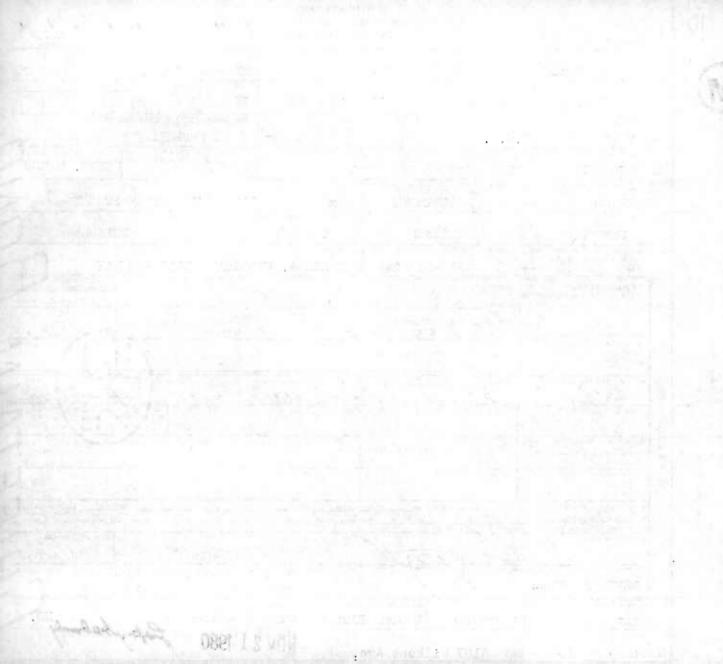
4107 Wilkens Ave.

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

HUBEARD FUNERAL HOME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



James S. Kirkley Glen

STATE OF MARYLAND

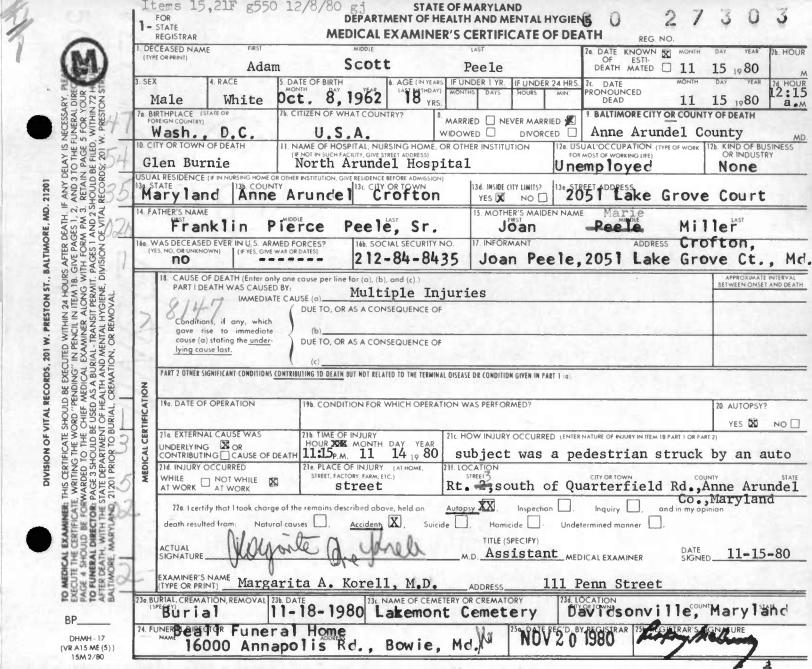
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Maryland Anne Aruneel Croiton

Franklin Pierce Peele, Sr. Joan Peele Miller

Burial 11-12-1950 Lakemont Consterv Coursonville, Marylands

Sherriover Pone

212-84-3435 John Peeld, 2051 Lake Brove Ct., Mr.

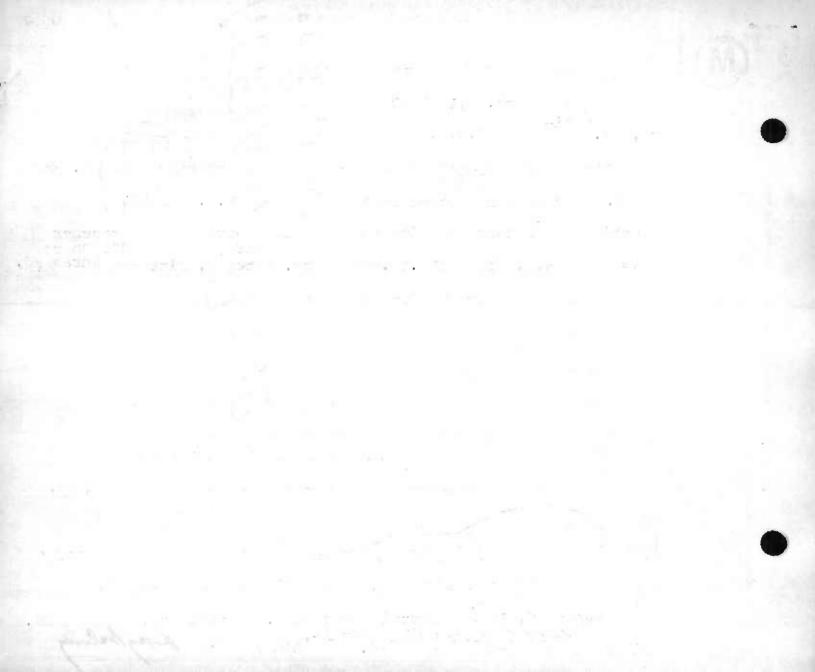
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275] Loke Fraye Court

J. C. ton.

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T., B. N.		18. CAUSE OF DEA PART I DEATH V	TH (Enter only	y one couse per line	e for (o), (b), ond (c).)	1.73				APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
ON S FRA SERA SIENI		6150		E CAUSE (o) CT	anio cerebi		rauma				
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NITH NITH NEW YERE	-	gove rise to	immediate	(b)							
CAPED V	1	cause (a) statin lying cause last		DUE TO, OR	AS A CONSEQUENCE	OF					
S, 2 KECUT NO URING		BART 2 OTHER CICKIFICA	NT CONDITIONS O	(c)	BUT NOT RELATED TO THE TER						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RET 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAL PECO	Z	TART 2 OTHER SIGNIFICA	ni conolizons <u>c</u>	ONIKIOUTING TO BEATN	BUT NOT RELATED TO THE TER	MIMAL DISEASE	OR CONDITION GIAEN IN	PARI I IOI.			
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DIN HIS CARDINA WRITE WIFE DIN MIE DIN	1 8	AT WORK AT V	WHILE VORK		TORY, FARM, ETC.)		un la court	Rt. 50.		ndel,	Md.
RETE, VERY		22a I certify that	Lands charge		scribed above, held on	Autops	y X Inspec	ion . Inqui	ond in	my opinion	
MAN DE TO	2	death resulted from	Standard	al causes .	73	Jici de	Homicide	Undetermined	′ —	my opinion	
ARYTH ARRY	1	(	11	1	NON	1	TITLE (SPECIFY)				
A SOFT		ACTUAL SIGNATURE	1 10	wait	1 Trans	M	Deputy Ch	nie fmedical ex	AMINER S	IGNED1	1/4/80
DEA SET OF	· -	SWALLINGS ALALIE	0.			.01	Treatment A				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEF  DECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 TO THE FUN  PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 F  TO FUNERA DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WATTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION GEVITAL RECORDS, 201 W. F  BALTWORE MANYDAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	(TYPE OR PRINT)		Thomas D.	Smith, M.I	<u>.                                    </u>	ADDRESS 111	penn St.	Balto.	MD.	
522552	23a.B	URIAL, CREMATION,		3b. DATENOV .	23c. NAME OF CE			23d. LOCATION	١	COUNTY	STATE
BP		Bur	ial	6, 1980		ne P	ark Cem	Balt	imore.		Md.
DHMH - 17	24 F	UNERAL DIRECTOR	RHO	Vinca	Glen		nie, ZSo. DAT	5 1980	RAR ID EGSTO	Melly	4
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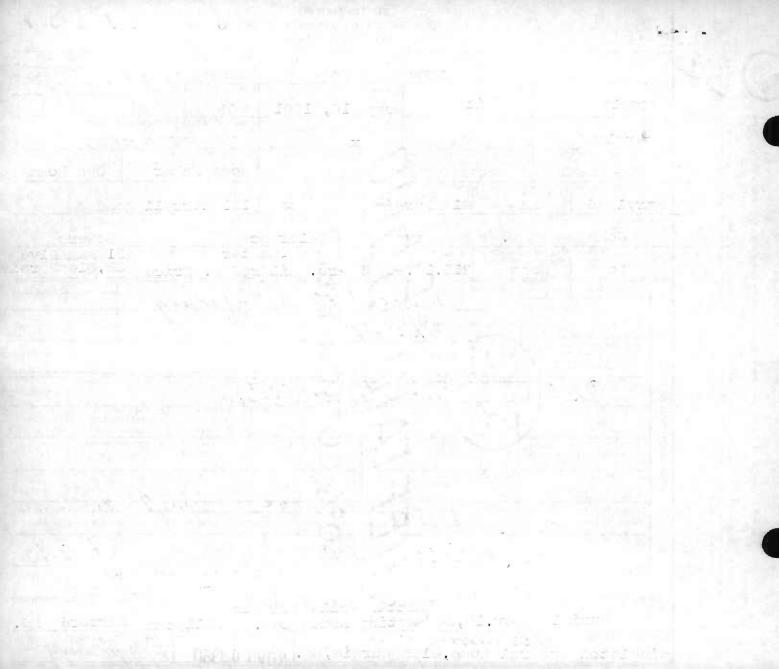
STATE OF MARYLAND

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Singleton Funeral Home, Glen Burnie, Md. NOV 1 0 1980

(VRA 15, 4)

STATE OF MARYLAND



Annapolis. Md.

25a. DATE REC'D. BY REGISTRAR 25b. REM

1980

STATE

24. FUNERAL DIRECTOR

WILLTAM REESE & SONS MORTUARY DORRESP. A.

DHMH-16 30M 2/80

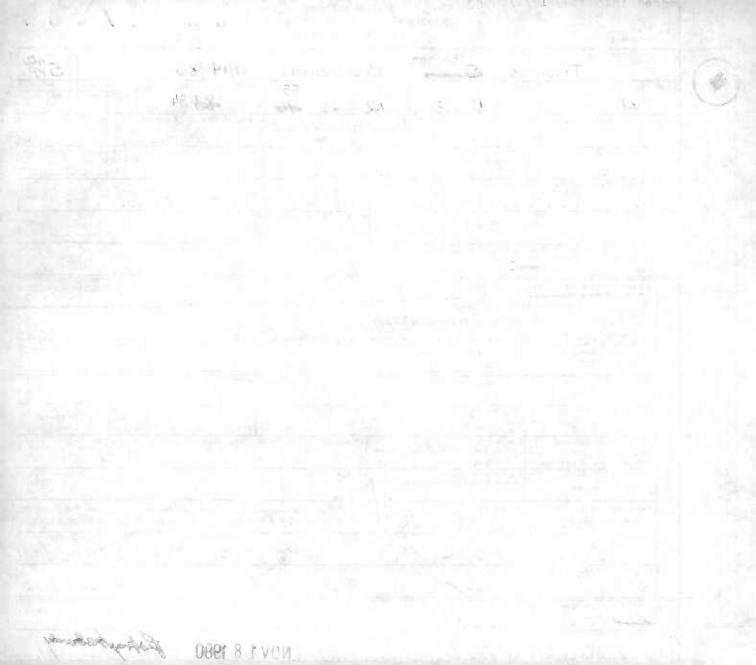
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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8 7		CEASED NAME ORPRINTI	Thom		Stephe	n	ed mor	nd	20. DATE OF DEA		DAY YEAR	5 P
ge 4 ma	3 SE	M	1	RACE	WHITE	5 DATE O	DAY	95 1EAF	AGE JIN YEARS L	84 YRS.		HOURS MIN
Jesth. Parent directly four 72 hours		RTHPLACE (STATE OR DUNTRY) NYC	FOREIGN 71	CITIZEN OF	WHAT COUNTRY	(2 8	XVEVER MA		Anne A	rundel	Y OF DEATH	
by the fured within	10 €	TY OR TOWN OF DI Annapolis	ATH 1	1. NAME OF H	HOSPITAL, NURS HFACILITY, GIVE STRE Arundel	ING HOME (	R OTHER INSTIT	TUTION	12e USUAL OCC 17YPE OF WORK FOR engine	UPATION MOST OF WORKING		BUSINESS ( rical
24 ho	13e 3	AL RESIDENCE (IF NU STATE Md.	136 COUNT	THER INSTITUTION,		ORE ADMISSION)	134 INSIDE CIT	Y LIMITS?	13e STREET ADD 504 HIL	lsmere	Dr.	
mpletely fille and 2 should atreal examine	14 F/	THER'S NAME FIRST Laurence	MIC	DDLE	Redmo	ond	IS MOTHER'S	RSf	MI	DOLE	LAST Atki	nson
e be exect an and col Pages 1 a		VAS DECEASED EVE YES, NO OR UNKNOWN) YES	R IN U.S. ARMI	VAR OR DATES)	136-05		17 INFORMAN Marie	IT.		ame as	13e.	ATE INTERVAL
v requires that the death certificate in signed by the attending physician hen please remove carbon papers. P to burial, cremation, or removal. by injury, or other traumatic event,	NO	18 CAUSE OF DEA PART I. DEATH  Conditions, if an gove rise to it couse (a), stat underlying cou	IMMEDIATE  y, which mediote ing the lost	DUE TO, OI  DUE TO, OI  (c)	R AS A CONSEC	DUENCE OF	Have NOT RELATED I	Cher Cher TO THE TERM	NAL DISEASE OR	CONDITION G	30	lage
CIAN: The law sician. Tificate has bee ansit permit. Thygiene prior man 18 shows an	CERTIFICATION	190 DATE OF OPER	NDERLYING	21b. TIME O					200 AUTOPSY  YES NO ED (ENTER NATURE)	IN CER	ES, WERE FINDING TIFYING CAUSES O YES   B, PART 1 OR PART 2	
ENDING PHYSICIAN: The attending physician.  OR: After this certificate has est the burial-transit permealth and Mental Hygiene is marked or Item 18 sho	MEDICAL	AT WORK - AT Y	ICAL EXAMINER  RRED WHILE	P. 21e PLACE (AT HOME, STE	M. OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.]	211 LOCATION	·	City	ORTOWN	COUNTY	STATE
TO HOSPITAL OH ATTENDING PHYSICIAN retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificiat should be detached for use as the burial-transit with the State Dept. Of Health and Mental Hygi IMPORTANT: If Item 21 is marked or Item 18		276.1 certify that ( saw the decet above, (If (we) 27b. SIGNATUR5 27d PHYSICIAN'S	sed olive on (did) (did) (did)	view the body	19_19		DEGREE AT PI 22e ADDRESS	ITENDING HYSICIAN	MEDICAL DIRECTOR D	STAFF _	our and from the co	
TO HOR retained TO FUN with the With the With the Will have the Will hav	230	Richac.	N, REMOVAL	Pez.	Lek.	c NAME OF C	#1.31	REMATORY	The dica	1 5t.	AKNIA.	M
BP	24 F	UNERAL DIRECTOR	rematio	n 11/	17/80 ADDRESS	Cedar	Hill Cr	25a. DAT	Y Suit	Tand M	STRAT'S SHOULD	
(VRA 15, 4) 1/79		Hardesty	Funeral	Home	12 Ridge	elv Ave	. Ann.	Md NO	1 8 198		7.7	

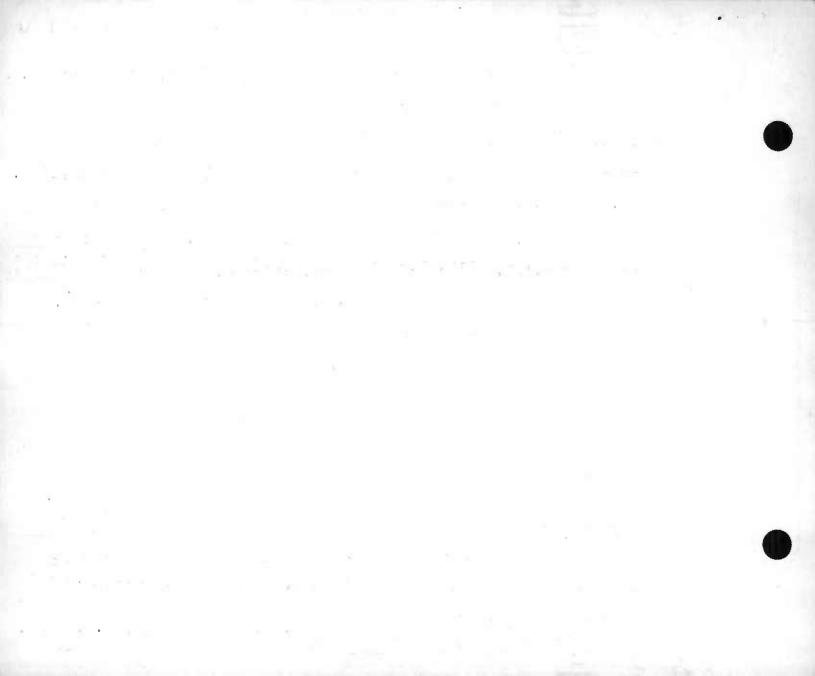


STATE OF MARYLAND

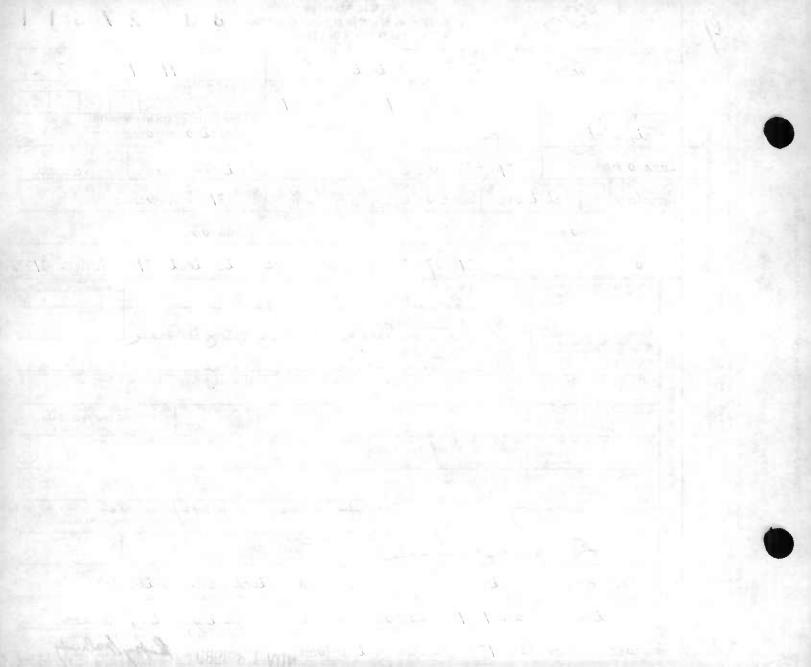
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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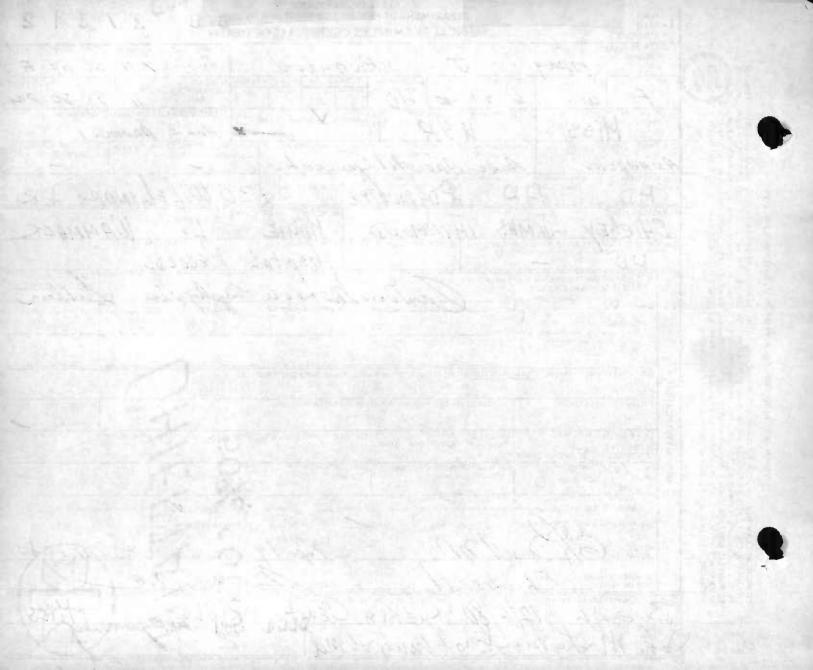
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4	1	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	7 3	11
page 3		CEASED NAME FRST  GRAPHINT)  JOSEP	h .	MIDDLE	Ric	ast CCi	The second secon	11 - 16	YEAR 26.	HOUR 7 AM
hours after d	3 SE	×	4 RACE	W	S DATE O	DF BIRTH	AGE (IN YEARS LAST BIRTH	PAY) IF UN		UNDER 24 HRS
100	7	irthplace istate or foreign by outry, Italy	Ita	8	MARRIE WIDOWI	D DNORCED	9 BALTIMORE CITY OF		DEATH A	AMD
led within	Lo	ity or town of DEATH	318	4th Avenu	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION RETURN FOR MOST OF RETURN PLANE	WORKING LIFE) IN	NOUSTRY	usiness or ument
aminer muset		AL RESIDENCE (IF NURSING HOMESTATE 1316CC	OR OTHER INSTITUTION	134 CITY OR TOW Landow		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	h Avenue	2.	
1 jeg 20	14. F.	ATHER'S NAME FIRST Unknown	WIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRST	Unknown		LAST	
Pages 1 and 2 should be medical example.		NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	215-03-9		Grace DeJul	gentis Ricc		4th Ave	2. 2122
it. Then please removes or its to burial, cremati	ATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	(c) IT CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	TOO AUTOPSY?	ITION GIVEN IF		USED
Hygiene n 18 sho	CERTIFICAT	21a ACCIDENT WAS UNDERLYING	21b. TIME C			ZIC HOW INJURY OCCURR	YES NOW	IN CERTIFYING YES  IN ITEM 18, PART 1	١	DEATH?
he burial-trans and Mental H srked or Item	MEDICAL O	OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMIN 214. INJURY OCCURRED WHILE NOTIFY WHILE TO A THORSE	ER) PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TOW		OUNTY	STATE
for use as t for use as t . of Health em 21 is ma		278   certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)			Feb.	nd that in (my) (our) opinion of	, to	19 2 te and hour and		t (I) (we) lost
pe eb		224 PHYSICIAN'S NAME (11)	an	du 13	120	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE SIG	ENED
should be detach with the State D	22	Dr. Bauman	Parandie		lauf oc	St. Agnes Med		Suite 2	202	
	L	BURIAL, CREMATION, REMOV SPECIFYI Burial				EMETERY OR CREMATORY Park Cemetery				
MH-16 25M A 15, 4) 1/79		uneral director Ambrose Junera	L Home 1	328 Sulph	ur Sp	ring Road NOV	REC'D. BY REGISTRAR	DB, REGISTRAR'S	ACCUA	4



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20. DATE KNOWN MONTH 2h HOUR TYPE OR PRINT) ESTI-MARG 1950 DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR DAY YEAR PRONOUNCED DEAD 1080 27 Th. CITIZEN OF WHAT COUNTRY 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED FOREIGN COUNT WIDOWED DIVORCES IB CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY d. INSIDE CITY LIMITS? WITH FORM PM 3.
T. PAGES 1 AND 2 SH 14 FATHER'S NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Ab. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one couse per line for (a) (b) IT AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OB SACONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. E USED AS A BURIA OF HEALTH AND A JAI, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ENT BURIAL E DEPARTMENT OF PRIOR TO BURIAL YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY LAT HOME. 21d. INJURY OCCURRED 211 LOCATION ARDED STREET, FACTORY, FARM, ETC.) STREET ITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held on Autapsy Inspection death resulted fram, Hamicide Undetermined manner TITLE (SPECIF) DATE SIGNED 11. 2 8. 50 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY BP. 24. FUNERAL DIRECTOR AT REC'D BY ONE GISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/77



Donaldson Funeral Home, Laurel, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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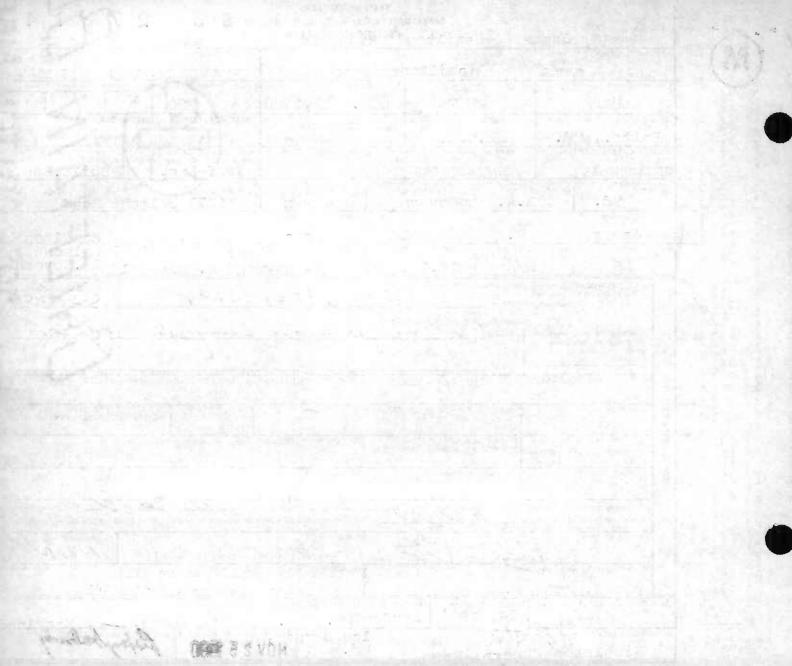
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

The Notice of the second of th STOR SELECTION YEAR THE the Proof of the Control of the Cont Crestion/XXXXX Lorelt son runerel done, Laurel, Md

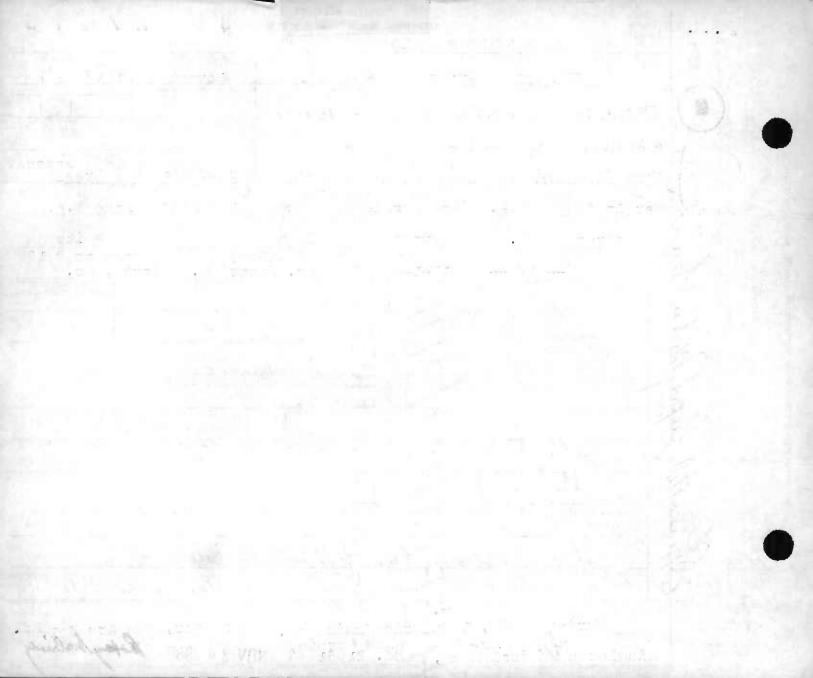


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-trongst permit. Then please remove corbanpopers. Pages 1 and 2 shall be filled within 72 with the State Duay. The ollshood Method Buriol Buriol, cremoved

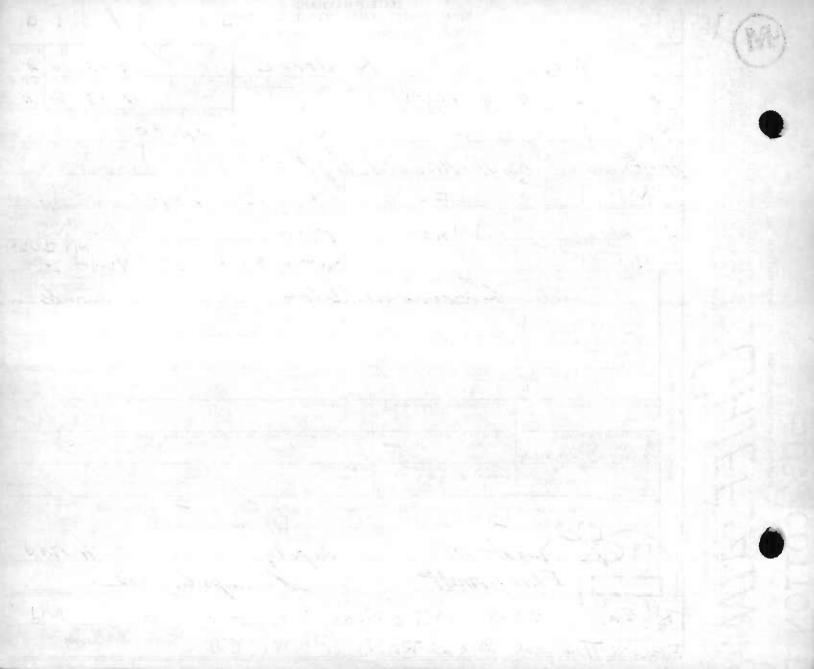
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1	FOR  STATE REGISTRAR	JANE EVAN	DEPARTMENT OF H	EALTH AND MENTAL HY		2/	3 1	5
	DECEASED NAME	FIRST EVAL		AST	REG. N		YEAR 26 HO	UR
(T)	PE OR PRINT)	Ta -	Funne 0	at a see	Norromi	194	80 931	0,
3 5	SEX	4 RACE	Evans S. DATE O	OBCRIC OF BIRTH	Novemb		1	R 24 HRS
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30.	BIRTHPLACE STATE OR FO	OREIGN 76 CITIZEN C	F WHAT COUNTRY? 8		9 BALTIMORE CITY O	IKS	ATH	1
1,	COUNTRY	well no	S A. MARRIE WIDOWE			RUNDEL C		
10	CITY OR TOWN OF DEA		F HOSPITAL, NURSING HOME C		12- LICHAL OCCUMAT	idni Ini	KINID OF DUCK	MD. VESS QR
1	Hen Burn	EMA NOR	THE PRINCE BEFORE ADMISSION)	Conv. Cente	Type of work for most of Proof Re		Press	erly
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_	laryland	A • A •	Glen Burnie	YES NOX		den Lan	e N.W.	
1	George	W.	Evans	15 MOTHER'S MAIDEN NA FIRST Emma	WIDDLE		White	
160	WAS DECEASED EVER	IN U.S. ARMED FORCES	? 166 SOCIAL SECURITY NO	17 INFORMANT (S	Son) ADDR	same	as #	13
4	NO	N/A	217-14-020	6 Mr. Ho	oward M. R	oberts,	Jr.	
们	18 CAUSE OF DEAT PART I. DEATH W	H :Enter anly ane couse p	er line far (a), (b), and (c).1				APPROXIMATE INTE BETWEEN ONSET AN	ERVAL D DEATH
1	PARTI. DEATH W	IMMEDIATE CAUSE (a)_	C	VA				
3	14414	DUE TO,	OR AS A CONSEQUENCE OF	1		A		
	Conditions, if any,		Ab.	dominol 1	neures			
	gove rise to immo	ng the DUFTO	OR AS A CONSEQUENCE OF					
}	underlying couse	lost (c)_	a	rterioscle	10515			
Z		NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	idition given in	PART 1(a)	
CERTIFICATION	19a DATE OF OPERA	TION TIPE CON	DITION FOR WHICH OPERATIO	NIWAS DEDECTIONS	20a AUTOPSY?	20b. IF YES, WER	E EINIDING C HC	
1	DATE OF OFERA	11014	DITION FOR WHICH OFERATIO	IN WAS PERFORMED		IN CERTIFYING	CAUSES OF DEA	ATH?
I E	71m ACCIDENT WAS UND	DERLYING (7) 21h TIME	OF INJURY	21c HOW INJURY OCCUR	YES NO	YES	NO	
	OR CONTRACTOR TO	CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR	The How Myoki occor	TED TENTER MATORE OF INCE	RI IN IIEM IO, FARI I OR	FARI 2)	
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR!		P.M. 19 E OF INJURY	21f LOCATION				
₹ N	WHILE NOT WE AT WORK	HILE []	STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn cou	YTA	STATE
		(this haspital) attended	- / /	ly 19 80			50 . that (1)	1 /
3	sow the decease above, (1) (we) (d	ed alive andid) (did not) view the boo	dy ofter death.	nd that in (my) (aur) apinian	death occurred an the d	ate and hour and f	rom the couses s	tated
1	226. SIGNATURE	16	0 0.	DEGREE / ATTENDING	MEDICAL STA		2c. DATE SIGNED	)
1	22d. PHYSICIAN'S N	More	courty	PHYSICIAN (	DIRECTOR   PHYSI	CIAN		
D		tafa C	O2 MD.	605 8 4	A Blud	Severna	suck.	Ma
730	BURIAL, CREMATION,		ATTEN 1730 NAME OF C	EMETERY OR CREMATORY			, ,	
230	(SPECIFY) Bur		1404		CITY OR TOWN	COUNTY		BY A
24	FUNERAL DIRECTOR	ial   120,	1980 Friend	Ship Cem	Hanover TE REC'D. BY REGISTRAR	25b. REGISTARIS	sign del	Md.
	Singleton	7 12 Unive	Homo Md.	Burnie, 150 DA	INV 2 0 1981	Mich	y/Kebru	ody

STATE OF MARYLAND



### REGISTAR    MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.			STATE OF MARYLAND	
DECEASED NAME	1-		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 2 7 3	1 6
S.E.   RACE   S.D.ATE OF BIRTH   SUBJECT OF BIRTH   SUBJECT OF BUSINESS   S.D.ATE	1.0		REG. NO.	
DE RETHRECE SOLATE OF BETH SAME STATE OF THE RESIDENCE FOR AS A CONSEQUENCE OF CONTRION OF STATE AS A CONSEQ		OR COLUMN A	26. DATE KNOWN MONTH DAY	
BESTHER CE (STATE OF WHAT COUNTRY?    BESTHER CE (STATE OF WHAT COUNTRY?   STATE   MOURS   MAN   PRONOUNCED   19.50   A   A	SE	X 4 RACE 5.1	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 70 DATE MONTH DAY	-
SCHIZEN OF WHAT COUNTY   B. MARRIED   NEVER		FW	MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOLINGED	Colo
III. CAUSE OF DEATH (Enter only one couse per Jisoff (a), (b), and (c))  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTION FOR WAS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTION FOR WASHED)  110. DIVORCED   M.P. J.	Ju. f		ECITIZEN OF WHAT COUNTRY?	
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66. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR JUNKNOWN)  (IF YES, GIVE WAR OR DATES)  ILL CAUSE OF DEATH LENter only one cause per limits (a), (b), and (c).)  PART IDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (A)  Conditions, if any, which gave rise to immediate course (a) stating the underlying cause (b)  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  199. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  P.M. 190. CONTRIBUTING CAUSE OF DEATH	i.i	ATHER'S NAME		- 13 WES #1
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO GRUNNOWN)  1 (IF YES, GIVE WAR OR DATES)  1 (IF YES, GIVE WAR OR DATES	1	FWST. MI	MIDDLE LAST FIRST MIDDLE	SOA/C
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death resulted from Satural causes, Accident , Suicide , Hamicide , Undetermined manner ,		100	/ 2 O TITLE (SPECIFY)	
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TITLE (SDECIEV)		EXAMINER'S NAME F/	and most	
ACTUAL SIGNATURE	22. 2	(TYPE OR PRINT)	ADDRESS And Co., The	
EXAMINER'S NAME ELINGAPORT ADDRESS And City, THE	230.E	SPECIFYI	CITY OR TOWN COUNTY	ASTATE 1
EXAMINER'S NAME FLIN APROLL  TITLE (SPECIFY)  M.D. POPUL FG  MEDICAL EXAMINER  DATE SIGNED 11.13.60  EXAMINER'S NAME FLIN APROLL  ADDRESS ADDRESS  230. BURIAL CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  CHYCROTOWN  COUNTY STATE A	24. F	UNERAL DIRECTOR		JRE.
EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL CREMATION, REMOVAL 236. DATE (SECRET OR CREMATORY)  24. FUNERAL DIRECTOR  TITLE (SPECIFY)  M.D. DEFO + 9  MEDICAL EXAMINER  DATE SIGNED 11 . 13. 4 Cl  ADDRESS  CHYOTOWN  COUNTY  STATE  24. FUNERAL DIRECTOR  1250. DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURE	D	PAME PANELLE NAME OF PE	AN ADDRESS AND ROLLINGS NOV 1 4 1980	and y
EXAMINER'S NAME (TYPE OR PRINT)  BURIAL, CREMATION, REMOVAL 23B. DATE 23C. NAME OF CEMETERY OR CREMATORY CHYOFTOWN COUNTY STATE  4. FUNERAL DIRECTOR  TITLE (SPECIFY)  M.D. DEFO F G MEDICAL EXAMINER  DATE SIGNED 11. 13.60  DATE SIGNED 11. 13.60  COUNTY STATE  1. FUNERAL DIRECTOR  TITLE (SPECIFY)  M.D. DEFO F G MEDICAL EXAMINER  DATE SIGNED 11. 13.60  COUNTY STATE  250. DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURE	-			1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO I. DECEASED NAME 28 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) Virginia 6:17P HARRIET RUDISILL NOVEMBER 4, 1980 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** ANNE ARUNDEL COUNTY 12e. USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ome Toms ADDRESS Mr. Calvin L. Wolfe, Glen Burnie, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY \_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN HOSPITAL DRIVE #103 STATE Burial Smithsburg Cemeterv Smithsburg, Wash., 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY DEGISTRAR 25b. 10 GISTRAR'S Home.

STATE OF MARYLAND

DHMH-16 25M (VRA 15, 4) 1/79 n Èr 1 — Î

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	3. SE	A- A		4 RACE	4-	5. DATE C	DAY WEAR	6. AGE (IN	YEARS LAST BIRTHOAY	) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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0		Y OR TOWN OF DEA	TH			NG HOME C	OR OTHER INSTITUTION	12a. USUAL	OCCUPATION IRK FOR MOST OF WO		12h KIND O	F BUSINESS OR
7		EN BURNIE			ORTH ARUN		OSPITAL	13	ectricia	n	Ele	ctrical
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10	16a \A	AS DECEASED EVER I	IN II S A PA	MED EOPCES2	Janne 16b. SOCIAL SECT		Clsie 17 INFORMANT		ADDRESS		nowan	a.
		es 170 OR UNKNOWN)		WAR OR DATES)	218-05-		Mrs. Anita	M. Sam		Same	e as #	13
1, 10		18 CAUSE OF DEATH PART I. DEATH W.	(Enter onl	y one couse per	line for (a) (b), or	nd (c)	T .	- his	bout	1.0	BETWEEN	MATE INTERVAL
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or of	Т	underlying couse		( (c)	isile per	-Tom	16, seps	is, Kuy	s pur 6	roll !	bladde	
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ho A	CATIC	190. DATE OF OPERAT	ION	19b. COND1	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT			WERE FINDIN	
1	CERTIFICATION	11/20			1	29		YES 🗌	NOZ	YES		NO [
E 9		210. ACCIDENT WAS UND	AUSE OF DEA	In .	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY IN I	TEM 18 PAR	T I OR PART 2)	
o de la	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE C	OF INJURY	19	21f LOCATION		CITY OR TOWN		COUNTY	STATE
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S m		220.1 certify that		. / / ~		801	10 19.7	, to_/	1/20		10	the (I)(we) lost
		sow the decease above, (I) (we) (d 22b. SIGNATURE	di (did not	view the body	ofter death		od that if (m) (aur) apin	nion death occurr	ed on the date o	nd hour o	22L DATE	
E		5	ang	1C)	11	7. pl	1.0	MEDICAL DIRECTO	STAFF		11/2	29/10
4		22d PHYSICIAN'S NA			-		22e ADDRESS 6413	20101001	) PLAZA	NORTH	AMNA	POLIS RD
MPOK NA NA	22. 2	SANG K.			Los	NIAME OF C	GLEN EMETERY OR CREMATO		, MARYLA	ND 2	21061	
- 19	230. B	URIAL, CREMATION, I SPECIFY) Burial	KEMOVAL	12/2/			4.	CICIT	n Burnie	Ann	e Agun	del Md
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REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House wife Own Home 4 Broadway Ave. Fritz Same as #13 Mr. Albert T. Saunders APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED PHYSICIAN PHYSICIAN 21230 /29/80 Baltimore City Western Cemetery Buria1 Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250. PESIS BAR'S SCHALORE DHMH-16 25M 1980 (VRA 15, 4) 1/79 Singleton Funeral Home, Glen Burnie, Mdl

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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10:33P

IF UNDER 24 HRS

2b. HOUR

IF UNDER 1 YEAR

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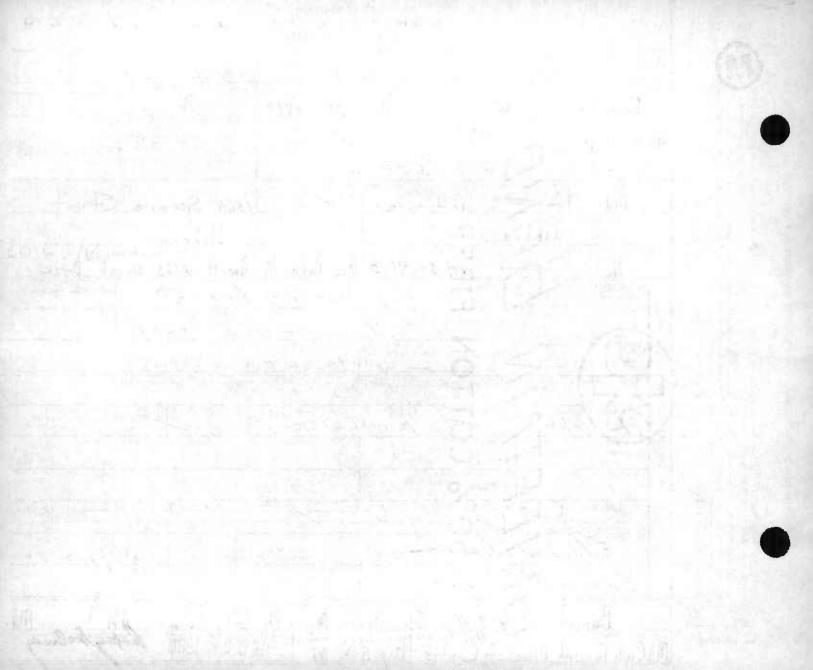
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5.	1.	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	2 7 3	2 6 EST
(BA)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2	b. HOUR
Gan		ETHEL	R.	SIMMONS	NOVEMBER 29, 1		9:05P
ge 4 ector irs off	3. SE	Female	4. RACE White	S. DATE OF BIRTH  MONTH DAY YEAR  1893	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS BATS	HOURS M
merol din 72 ho.	11.1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL		
by the fur	1	LEN BURNIE	11. NAME OF HOSPITAL, NUR IE NOT IN SUCH EACHLITY, GIVE STR NORTH ARUNDEL	SING HOME OR OTHER INSTITUTION  EET ADDRESS)  HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	INDUSTRY	BUSINESS
filled in ould be in must be		AL RESIDENCE (IF NURSING HO	13 CITY OR TO		138. STREET ADDRESS	e 51/40	+
ompletely ond 2 sh	14. 67	THER'S NAME FIRST	KNOW N	15 MOTHER'S MAIDEN N		LAST	
n and co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		CURITY NO. 17 INFORMANT	ADDRESS 2/25	dena, M.D.	, 2/1
quires that the death cert signed by the attending then please remove corbon to buriol, cremotion, or re-	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO	cinoma of	the Cecus tic Dispase minal disease or condition		
The low residuous.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	ch operation was performed for the mi Lole Ctomy	YES NO PORT	YES, WERE FINDING RTIFYING CAUSES O YES [	
tySICIAN: The ding physicio program is certificate buriol-transit Mental Hygie or Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
d d d d d	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFEK		CITY OR TOWN	COUNTY	STATE
OR ATTENION OR ATTENION ORECTOR: ched for us		sow the deceased alive on above, (h (we)(did) (did no 22b. SIGNATULE	to ottended the deceosed from	DEGREE ATTENDING	, 10		
HOSPITAL sined by th FUNERAL sold be dete	1	22d PHYSICIAN'S NAME (TYPE OF	Shern49	PHYSICIAN  22e ADDRESS	DIRECTOR   PHYSICIAN	1/)-3	0-0-0
25 BP		SURIAL, CREMATION, REMOVAL	23b. DATE 23 12-3-80 G	in have of cemetery or crematory	CHY ORDOWN	ACOUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	4200 Penning	Box Ave. 2626 250. D	FC 2 1980	TRAIS SIGNATURE	Bready



4	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		27327
1 7 T		CEASED NAME FIRST FELL	MIDDLE J.	Simmons	REG. NO.	1 21 80 840 M
(M)		Male	RACE W.	5. DATE OF BIRTH  MONTH  DAY  YEAR  9  9  9	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.
9	K	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	HMno Hran	del Ganty MD.
urs offer of the filed with	A	ITY OR TOWN OF DEATH  N n polls  ALRESIDENCE HE NURSING HOME OF	Anne Arundo G	IRSING HOME OR OTHER INSTITUTION IEEET ADDRESS)  EN E	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W US ARMADS.)	ORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 sote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill you. it, the medical examined must be fill it, the medical examined must be fill	130.	BRY/13/V C/ Ann	NTY , LI3c CITY OR	TOWN 13d INSIDECITY LIMITS?		Street
E, MARY	G	eorge		nons Laura	MIDDLE	Houck
aLTIMORE, e be executed or cross and or cros		YES NOORUNKNOWN) IF YES, GIN	VEWAR OR DATES) 55037	2 0670 Wife-Grace	J. Simmons	sameas
; f d d a			nly one cause per line far (a), (b) ED BY: TE CAUSE (a) Cereber  DUE TO, OR AS A CONSI	val vascular liccials	t involving as	ide of 17hz
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The law requires that the death certi- cattending physician.  Wher this certificate has been signed by the attending pass the buriol-transit permit. Then please remove carbon than Amental Hygiene prior to burial, cremation, ar rem  orked ar them 18 shows any injury, or other traumatic ew		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, ORAS A CONST	tension		5 YeArs
quires tha quires tha signed by then pleos to buriot, njury, or or	NO	PART 2. OTHER SIGNIFICANT	conditions contributing	TO DEATH BUT NOT RELATED TO THE TERM Thusbury Leftside o		
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 2	N CERTIFYING CAUSES OF DEATH?  YES NO NO
SION OF VITAL PHYSICIAN: The ending physicio this certificate the burial-transit ad Mental Hygie d or frem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	R) P.M.	DAY YEAR 19 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	NITEM 18, PART I ORPART 2)
DING PHYSICI, or ottending p After this cert e os the buriol-olth and Mento marked or them	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY ( AT HOME, STREET, FACTORY, OF		CITY OR TOWN	24
R ATTEND hospitel or hospitel or need for use spt. of Heon tem 21 is m		220 I certify that (I) (this haspi saw the deceased alive an abave, (I) (wa) (did) (did no 22b. SIGNALIRE	3 / // // //	777	, 10	and haur and from the causes stated
by the ERAL DI e detocl		J. C. Cub	DE PRINT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	- 2/1/2 Sta
TO HOSPITA retained by TO FUNERA should be diwith the Sto with the Sto	230	T.C. C4LL	is M.D	7-RIS9S ACE	Soverno PA	VK MARYland
BP	1	Durid UNERAL DIRECTOR	Nov. 24,1980	Hillcrest Cemete	4 Annapah	S ON MI
DHMH- 16 30M 2/80 (VRA 15, 4)	tr.	ham Isula	C C ADDR		UV 24 1900	

English to the the committee to keeper 17 82 66 31 Jaros plica the title and the state of the CHOCK WILL PROVIDE SE WAS IN THE RESERVE A SECOND TO THE SECOND S Establish Visionian Michael Made of 17 fla

FOR		DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL H	YGIENR ()	7 3 2 8
- STATE REGISTRAR				EDEATH	1 0 4 0
	ME FIRST	WIDDLE	LAST	20. DATE KNOWN FOR MI	ONTH DAY YEAR 76. HOUR
			Singleton	DEATH MATED 1	
	The state of the s	MONTH DAY YEAR			NITH DAY YEAR 2d HOUR 3:35
		4-22-60	2.OTRS.	DEAD 1	1 15 19 80 a.M
		CITIZENOF WHAT COUNTRY	MARRIED   NEVER MARRI	ED 🔛	
ID. CITY OR YOWN	OF DEATH	II. NAME OF HOSPITAL NURSIN			YORK 126 KIND OF BUSINESS
Glen Bu	rnie			FOR MOST OF WORKING LIFE)	OR INDUSTRY
		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		College
MD.	A.	0	/ was the war fin		ay
14. FATHER'S NAM	AE .	MIDDLE LAST	15. MOTHER'S MAIDE		LAST
				A	1720/
(YES, NO, OR UNK	(IF YES, GIVE				12
	OF DEATH /F			ppel - sec.	APPROXIMATE INTERVAL
PARTIC	EATH WAS CAUSE	DBY: Multiple			BETWEEN ONSET AND DEATH
- 815	IMMEDIA	TE CAUSE (U)			
		(h)			
cause (	a) stating the <u>under-</u>		DUENCE OF		
		(c)			
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	D THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a),	
190, DATE C	F OPERATION	119h CONDITION FOR WH	CH OPERATION WAS PERFORMED?		20. AUTOPSY?
IFIC					YES X NO
21a EXTERN		21b. TIME OF INJURY	2Tc. HOW INJURY OCCURRED	O (ENTER NATURE OF INJURY IN ITEM TO PART I	
	G ≝OR ING □ CAUSE OF I	DEATH 2:34 11 15	subject was d	lriver in auto/fi	xed object
21d. INJURY	OCCURRED	21e PLACE OF INJURY	THOME, 21f. LOCATION		mpact
AT WORK	AT WORK	road	Bay Side Beach		ne Arundel, Md.
22a lcer	tify that I taak charg	e of the remains described above,	held an <u>Autapsy</u> Inspection	, Inquiry , and in	my apınian
death resu	Ited fr <b>gym:</b> Natur	ral causes , Accident	, Suicide , Hamicide ,	Undetermined manner,	
ACTUAL	Way	L' to Cold and	TITLE (SPECIFY)		DATE 11-15-80
	1.0000	have morales	M.D.	MEDICAL EXAMINER S	GNED 11-13-00
EXAMINER'S	S NAME Marga	rita A. Korell,	M.D. ADDRESS	.11 Penn Street	
23a, BURIAL, CREM				23d LOCATION	COUNTY STATE
Burio	1	11-18.80 1/6	acousidge Marth	Dorsey	Mo. MD.
24. FUNERAL DIRE	>	ADDRESS SOI	P. talie May 19 MIR	C'D BY REGISTRAR 256. ROGISTRA	AR'S SIGNATURE
Moder	3.00.00	and Severno	Park MU	T 0 1000 1	morrody
	I STATE REGISTRAR  I. DECEASED NAY (TYPE OR PRINT)  3. SEX  Female  Ja. BIRTHPLACE POREIGN COUNTRY  10. CITY OR YOWN  Glen Bu  USUAL RESIDENC 13a. STATE  14. FATHER'S NAM EBST  16a. WAS DECEAS (YES. N.O. OR UNKN  18. CAUSE PART 1.D  Condification (19mg cc  VYS. N.O. OR UNKN  19a. DATE O  19a. DATE O  VOIL INJURY WHILE AT WORK  22a. 1 cer death resu  ACTUAL SIGNATURE EXAMINER': (TYPE OR PR  23a. BURIAL CREM (SPECEY)  24. FUNERAL DIRE	The REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  Female  White  Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  1D. CITY OR YOWN OF DEATH  Glen Burnie  USUAL RESIDENCE (IF IN NURSING HOME OF 136. STATE  136. WAS DECEASED EVER IN U.S. AR. (YES. NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  PART 2 DTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 121d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. Lecrify that I took charge death resulted from: Nature CAUSE OF PRINT)  230. BURICAL CREMATION, REMOVAL 2  124. FUNERAL CREMATION, REMOVAL 2  226. SURPLACE OF PRINT)  230. BURICAL CREMATION, REMOVAL 2  24. FUNERAL DIRECTOR  24. FUNERAL DIRECTOR  24. FUNERAL DIRECTOR  226. SURPLACE OF DIRECTOR  227. FUNERAL DIRECTOR  228. SURPLACE OF DIRECTOR  239. BURICAL CREMATION, REMOVAL 2  24. FUNERAL DIRECTOR  24. FUNERAL DIRECTOR	TO DECEASED NAME  (TYPE OR PRINT)  J. SEX  4. RACE  White  J. DATE OF BIRTH  MODITE  Cynthia  J. SEX  4. RACE  White  J. DATE OF BIRTH  MONTH  JAY  YEAR  6. MONTH  JAY  YEAR  10. CITYOR FOWN OF DEATH  II. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, ONE STREET  III. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, ONE STREET  III. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, ONE STREET  III. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, ONE STREET  III. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, ONE STREET  III. NAME OF HOSPITAL, NURSING  (IF NOT WHAT  III. NAME OF HOSPITAL, NURSING  (IF NOT WHAT  III. NAME OF HOSPITAL, NURSING  III. NAME OF HOSPITAL, NURSING  MONTH  AT WORK  III. NAME OF HOSPITAL, NURSING  III. NAME OF HOSPITAL, NURSING  III. NAME OF HOSPITAL, NURSING  (IF NOT WHAT  III. NAME OF HOSPITAL, NURSING  III. NAME OF	DEPARTMENT OF HEALTH AND MENTAL H MEDICAL EXAMINER'S CERTIFICATE O  DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE White	DEPARTMENT OF HEATH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  LOCKERS DIAME (THE CHIPMEN) Cynthia  Singleton  Singleton DEPARTMENT OF HEATH DEATH MARIED DEATH REGISTRAR  Singleton DEATH REGISTRAR  Singleton DEATH DEATH MARIED DEATH DEACH MARIED DEATH DEATH MARIED DEATH MARIED DEATH DEATH MARIED DEATH MARIED DEATH MARIED DEATH MARIED DEATH MARIED DEATH DEATH MARIED DEATH

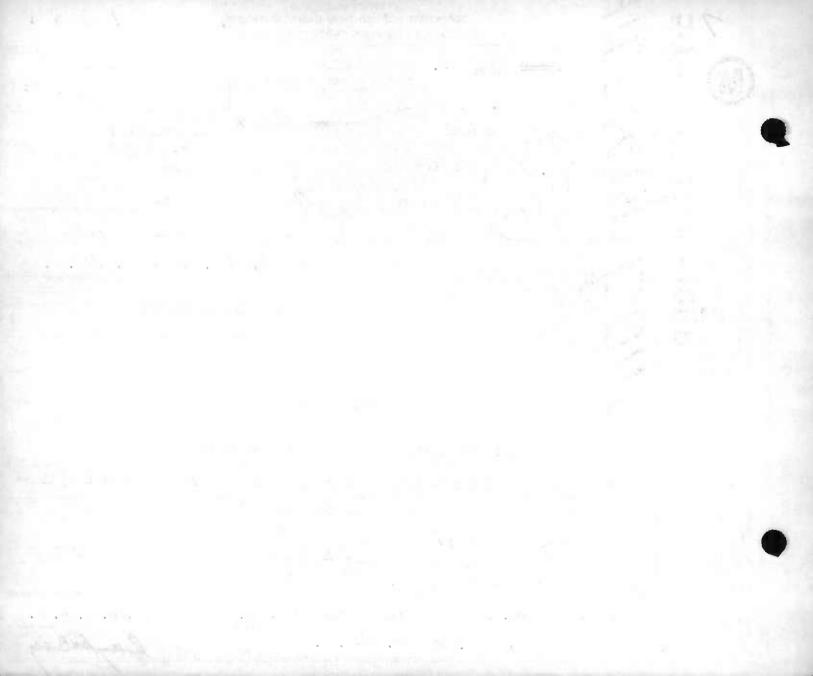
mentings/vira fluxeli entrest o inglis gitti Description of the contract of the contract of

	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEA	OF MARYLA LITH AND M LATE OF D	ENTAL HYG	IENE 8 0	2	7 3	2 9
1		CEASED NAME WILL am	710	ton	leton		20. DATE OF DEATH A	NONTH DI	-80	26 HOUR //384
1)	3. SE	×	4. RACE	5. DATE OF I	BIRTH DAY 6	1926	6. AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS.
79	70. B	IRTHPLACE (STATE OR FOREIGN COULTRY) Tennessee	76. CITIZEN OF WHAT COUNTRY?	MARRIED (	□ NEVER M	ARRIED T	9. BALTIMORE CITY OR Anne Arun		OF DEATH	MD
2/	10 0	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSIN Kimbrough Army	NG HOME OR	OTHER INSTI		12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF maintenance	N	126. KIND O INDUSTRY	Childre
183	USU 130	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136 CITY OR TOW Laurel	/N 13	3d. INSIDE CIT	TY LIMITS?	Staff Hous	e 11	Cer	ater
1/12	14. F	Clay H. Sin	ngleton LAST	15		MAIDEN NAM	Verma Colli	ns	LAS	т
Junger /		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) YES	MED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 2/9-20		George George		ADDRES		ve	
o bunal, crematian, a jury, or other traumat	NG	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	ENCE OF	OT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 1(c	2)
oue bus	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION Y	WAS PERFOR	RMED	20e AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
her 18 p	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D. P.M.	AY YEAR 19			RED (ENTER NATURE OF INJURY	IN ITEM 18 PAI	RT I OR PART 2)	
sked or	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	210. PLACE OF INJURY		III. LOCATIO STREET	N	CITY OR TOW	/N	COUNTY	STATE
if Nem 21 is mo	1	22a.1 certify that (I) (the houps	tal) attended the deceased from 19	, and t	GREE AT	TENDAG	deoth accurred on the dat		22c. DATE	Carrier Co.
PORTANT		27d PHYSICIAN'S NAME (TYPE O	D, PUZ	2	2e. ADDRESS		Rmy Hospital	MAY	-0.1	
	NJa.	Burial Removal	24 4 - 1	len Ha		neterv	23d. LOCATION CITY OF TOWN Glen Bu			state
2/80	24.	UNERALDIRATION A	Mar Charles	11 4 10 1	1	250 DATE	E REC'D. BY REGISTRAR	SLAGE 1919	WAS STOWN	ORE

(12,7 - 6 maintenance foresen & Children K star outsit forus ou erns ollier modeforic . Hear -77 8 5132 atom \$132 38 midve delain ov. 190 dela constant and the sent of the sent of the servicing

		A CHANGE WARRENCE		
		T. CT.		
				THE SEASON
			William Co.	1,130
Hall London	fand that			
0.5 M p.c			male	paster at
		stautuma, ee a	7	977575
7005 ES 200	8 1 7 7 7 3	antirento - £	102 22	

7	1-	FOR STATE REGISTRAR		STAT PEPARTMENT OF H PICAL EXAMINI			F. 174.	2 7	3	3 1
7		CEASED NAME FIRST	Alan	J.	SMITH		20. DATE KNOWN KOP ESTI-	x MONTH		80 26 HOUR
y	3 SEX	male white	Sept. 27	VEAR LAST BIRTHDAY 1959 21 YRS	MONTHS DAYS HO		2c. DATE PRONOUNCED DEAD	MONTH 11		YEAR 2 100P P M
197	FO	RETHPLACE (STATE OR REIGN COUNTRY) icosia (ypress	76. CHIZEN OF WH	AT COUNTRY?	MARRIED NEVER	MARRIED X	Anne Arund	-	Y OF DEAT	
20	A	nne Arundel (6.	Chesapea	ITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS) KE Bay		12a. USU FOR A	JAL OCCUPATION (TYPE MOST OF WORKING LIFE)	E OF WORK	12b. KIND ( OR INI	OF BUSINESS DUSTRY
17	130 ST	AL RESIDENCE (IF IN NURSING HOME TATE Gland	OR OTHER INSTITUTION, GIVI NTY	RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN Unknown	13d. INSIDE CITY LI YES N	MITS?   13e. STRE	eet address and			
OC.		ATHER'S NAME FIRST  John	Rogers/	Smith	Re	MAIDEN NAME	MIDDLE	C	lark	
00 12 000 3	I YE	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNIXNOWN) (IF YES, GIVE	WAR OR DATES)	None			E. Redwood		-	M. CMATE INTERVAL
mor, or mercon	7	Conditions, sit ony, which gove rise to immediate cause (a) stating the <u>under</u> lying couse lost.	(c)	Drowning AS A CONSEQUENCE O						
PRIOR TO BURIAL, CREMATION, OR REMOVAL	TION	PART 2 OTHER SIGNIFICANT CONDITIONS								
1	CERTIFICATION	1		ON FOR WHICH OPERA		146			20 AUTC	
3	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MOTT-29 80°	subject fe	11 over	NATURE OF INJURY IN ITEM 18 P board	PART I OR PAR	T 2}	
4	MED	214 INJURY OCCURRED WHILE AT WORK  AT WORK	2) e PLACE O STREET, FACTO MO TO	r vessel	Chesapeak	e Bay	city of Anne Ar	undel	Ŀ™Co.	, Md.STATE
		220. ) certify that I taak charged	ge of the remains desc	ribed obove, held on		pection . . Undete	Inquiry , and	d in my ap	inion	
22		ACTUAL SIGNATURE	Con	aw	TITLE (SPEC		ICAL EXAMINER	DATE	12-	-1-80
BALLIMOKE, MAKETAND, ZIZOI PKIOK		ACTUAL SIGNATURE	rmez R. Gu	ard, M.D.	M.D. Assist				12-	-1-80
2		ACTUAL SIGNATURE HO		123c NAME OF CEM	<sub>M.D.</sub> Assist	ant MEDI 11 Penn		SIGNE		



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

emelery! RECD. BY REGISTRAR 256 RECASTRAR SSIGNATURE

REG. NO.

26. HOUR

IF UNDER 24 HRS

6

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

INSTANT

IF UNDER 1 YEAR

INDUSTRY

10914

DAY5

MONTHS

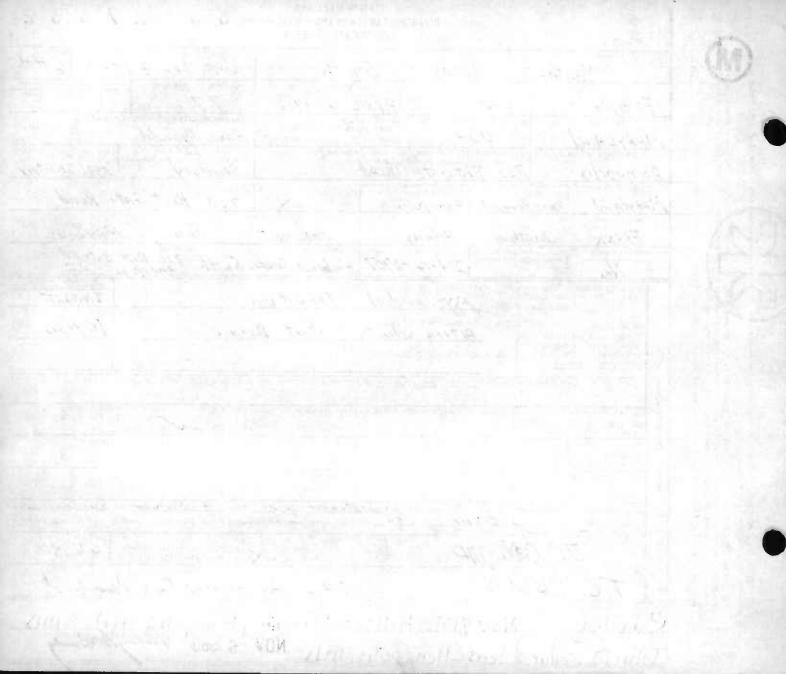
YES T

COUNTY

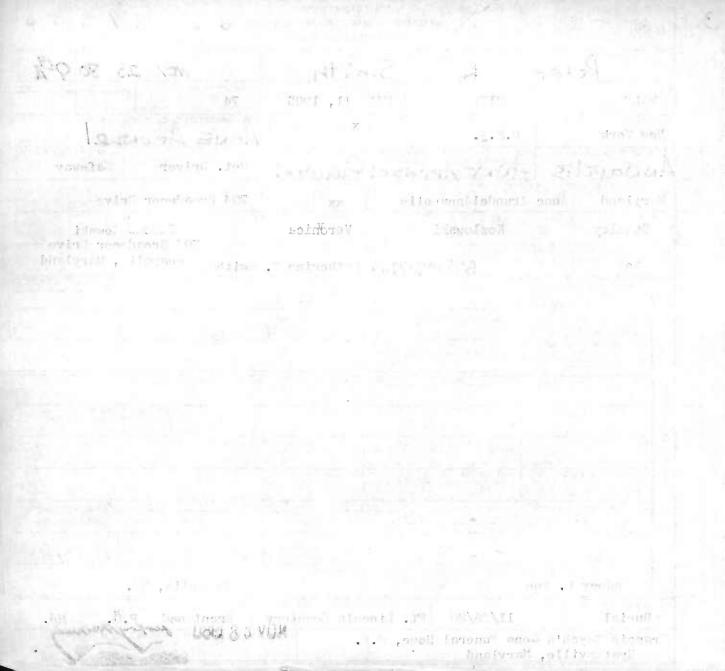
22c. DATE SIGNED

BP.

DHMH - 16 25M IVR A 15 (4) ) 9/74 24 FUNERAL DIRECTOR



STATE OF MARYLAND



-	FOR			DEDARTMENT	OF HEALTH AND	LAND	- de (2	0		7 7	44
1-	STATE REGISTRAR		MI		OF HEALTH AND			L.	1	0 0	2
I. DE	CEASED NAME	FIRST		MIDDLE	LAST		20. DATE KI	REG. NO.	MONTH	DAY YEAR	7b. HO
TYP	E OR PRINT)	Peter		GEORGE	Smyt	h	OF	AATED	11	13 19 80	
3. SE		I. RACE	S. DATE OF BIRTH	YEAR LAST	(IN YEARS IF UNDER 1 '	YR. IF UNDER 24 HR	S. 2c. DATE	FD	MONTH	DAY YEAR	12 HOU 12:5
	ale	White	2-23	170712	YRS.	J HOURS MIN.	DEAD		11	13 1980	p.
FO FO	RTHPLACE (STA REIGN COUNTRY)	OK OK	11 S	VHAT COUNTRY?		NEVER MARRIED DIVORCED	~	Aruno		Y OF DEATH	
ID. CI	TY OR TOWN O	DF DEATH	II. NAME OF HO	OSPITAL, NURSING	WIDOWED ONE, OR OTHER INST	ITUTION IIIa I	JSUAL OCCUPA	TION (TYPE O	F WORK	126. KIND OF BU	USINESS
ž.	nnapoli				neral Hosp	ital	AINT	ER		AINT	
USUA 13a S		F IN NURSING HOME OR 13b. COUNT	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A	WN / 13d. INS	IDE CITY LIMITS? / 13e S	TREET ADDRESS		5	\_	
14 E	THER'S NAME		717	HUWA	pohis YES	THER'S MAIDEN NA	13 KO	MAIL	, 1	DE.	
	KEWA	144	MODE	SMVF	4 /	DOGDE	E+ MIDI	DIE	1	1017	
16a. V	VAS DECEASED	EVER IN U.S. ARM		166. SOCIAL SEC	4 1	ORMANT 1	110	ADDRESS	111	141	3
	NO			1220-5	6 0322 /	ENNETH	H.0	MUT	4	#1.	<u>ر</u>
	18. CAUSE OF PART I DEA	DEATH (Enter only TH WAS CAUSED	one cause per lin BY:	e far (o), (b), and (c Electroc				/	38	APPROXIMAT BETWEEN ONSE	E INTERVAL
	935	IMMEDIATE	CAUSE (a)	R AS A CONSEQUE				-			
2		s, if any, which	(6)								
		toting the under-	DUE TO, O	R AS A CONSEQUE	NCE OF			-		1127	
			(c)								
z	PART 2 DTHER SIGN	NIFICANT CONDITIONS CO	DATRIBUTING TO DEAT	H RUT NOT RELATED TO TH	E TERMINAL DISEASE DR CON	DITION GIVEN IN PART 1 (a).			1		
CERTIFICATION	19a DATE OF C	OPERATION	196 COND	OITION FOR WHICH	OPERATION WAS PER	FORMED?			-	20 AUTOPSY	?
TIFIC										YES 🔯	NO 🗆
	210 EXTERNAL	T.M.	21b. TIME O	M. MONTH DAY	YEAR 21c HOW INJ	URY OCCURRED (EN	ER NATURE OF INJUR	Y IN ITEM 18 PAP	RT 1 OR PART	(2)	
MEDICAL	CONTRIBUTING	G CAUSE OF DE				t was movi	ng ladd	er whi	ch t		an
MED	WHILE AT WORK		STREET, FA	OF INJURY (AT HO CTORY, FARM, ETC.)  of a hous	STREET	pwright St	CITY OF TOWN		COU	NTY	T CO
					T-		ſ	7			Md.
	deoth resulted		of the remains di	Accident X		Inspection Union	, Inquiry L determined mon		in my opi	nian	
-			1	1/ 11		E (SPECIFY)	determined mon	le1			
	ACTUAL SIGNATURE	Mous	to the	Thill	M.D. A	ssistant	EDICAL EXAMIN	1ER	DATE	11-14	4-80
1	EXAMINER'S N	AME Marga	rita A.	Korell, M	.D.		nn Stre	et			
730.8	(TYPE OR PRIN	ON, REMOVAL 73	b.DAJE /		F CEMETERY OR CREM		OCATION	7		A .	4
3	DURT	AL 1	1/16/80	Hille	REST		WWA PO	his	Count	H M	D.
7	DAME VA	ORD D.	1 rocks	W.	1200 0	25a. DATE REC'D.	BY REGISTI AR	256 REGIST	RAR'S SI	GNATURE 144	79
					1/1/1 411	TO 1 ( ) ( )	4000	(// -			

A STATE OF THE PROPERTY OF THE S-M-II

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examines must be

				STAT	E OF MARYLAND	29 29		nd engin	mag guid
	1.	FOR STATE			REALTH AND MENTAL HYG	SIENE & U	2 1	3	3 5
		REGISTRAR		CERTII	FICATE OF DEATH	REG. N	0		
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	TYPE	Edward H	. Sniffin				11 23 8	30	1:20p
-	3. SE	X	4. RACE		OF BIRTH	6 AGE IN YEARS LAST BIR		ERIYEAR	IF UNDER 24 HRS
)		Male	Cau	MONT.	DAY YEAR	61	YRS.	DATS	HOURS MIN.
1	7a BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	- C VEVER WARRIES C	9 BALTIMORE CITY		EATH	
17		sh. DC	US	WIDOW	D NEVER MARRIED	Anne Ar	undel		
-		ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF	BUSINESS OF
1		M 1 - MD /	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS]		ITYPE OF WORK FOR MOST O	F WORKING LIFE) IN	DUSTRY	003114233 07
1		Meade, MD/	Kimbrough		mm Hospital	Accounta	nT		
25	130. 5	AL RESIDENCE   IF NURSING HOME STATE 131, CO MO	UNTY II3c CI	TY OR TOWN	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 2005 Gate	ewood P	lace	
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA		711000	, 400	
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		VAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17. INFORMANT	ADDRI	SS		
2			-46 577	-12-3220	Sylvia E.	Sniffin (:	same as	abo	ve)
		18 CAUSE OF DEATH (Enter	only one couse per line for	(a), (b), and (c),)				APPROXIM	ATE INTERVAL
	31	PART I. DEATH WAS CAL	ISED BY:		tolo			201-01-01	SELL SILVE PERIOR
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		9/13		CONSEQUENCE OF					
		Canditions, if any, which gave rise to immediate	(b) <u>Sev</u>	ere Acid	0515			- 0	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF	th cirrhosi:	s (CAH)			
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	z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PARI I(o	
	CERTIFICATION	A D 425 OF ODER 47/01/	Tial contractors				Ten or		
1	CA	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WER IN CERTIFYING		
	TIE.			13 L. C. S. T.		YES X NO	YES		NO 🗆
	CEI	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TO	R PART 2)	
1	AL	OR CONTRIBUTING CAUSE OF	DEMIN	19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU		211. LOCATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR 10	WN CC	YINUC	STATE
		22a.1 certify that (1) (this ha	spital) attended the deced	sed fram	19	to	19	, th	of (1) (we) los
		saw the deceased alive	on not) view the body after de	19, or	nd that in (my) (our) apinion	death occurred on the d	ate and hour and f	ram the co	ouses stated
		22h. SIGNATURE	200	Λ Λ	DEGREE	-11/12/11 - W-	2:	c. DATE S	IGNED
		Mich	ele Octol	Um Go		MEDICAL STA	FF	23 N	ov 80
1		224. PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS				
		MICHELE R.	FILLING	1 /	Kimbrough ,	Army Comm	unity H	ospi	tal
	23a D	LIBIAL CREATATION RELACT	AL 22L DATE	122. NIAME OF C	EMETERY OR CREWATORY	Tasa LOCATION			

DHMH-16 30M 2/80 (VRA 15, 4)

AME OF CEMETERY OR CREMATORY
Lee's Crematory 11-25-80 Cremation

Washington, D. C. 20002 STATE

Lee Funeral Home 300-4th St. NOES Wash.D.C. 2000 TECR 1980

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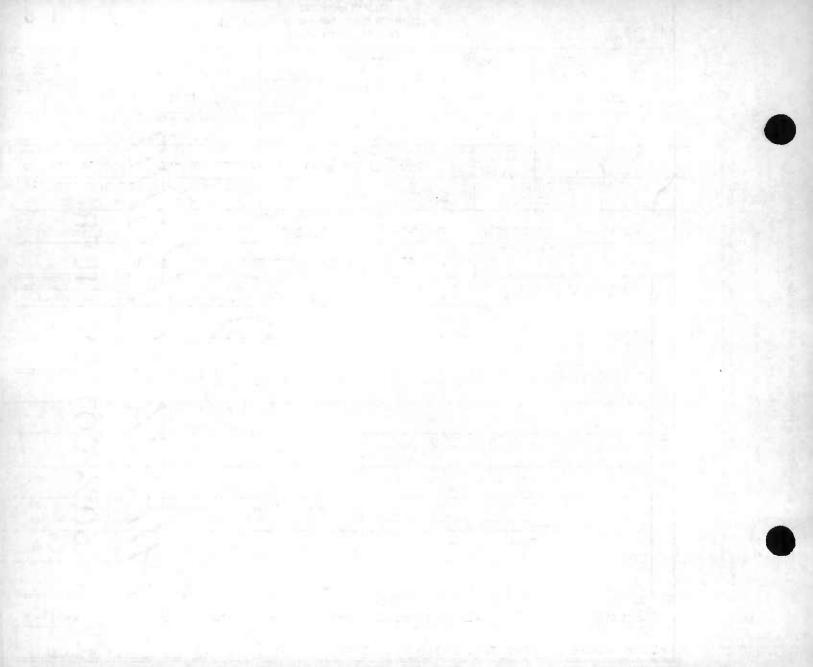
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V	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGII CATE OF DEATH	ENE 8 0	2 7	3 3 6
(M)		CEASED NAME FIRST (ath	erine NMD	Squa	trito	November 2		2b. HOUR
Poge 4 For	3. SE	* Female	4. RACE (aucasian	5. DATE OF	st 25, 1887	6. AGE JIN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
the state of the s	C	irthplace istate or foreign oungstaly	76. CITIZEN OF WHAT COUNTRY  Italy	MARRIED	NEVER MARRIED L	Anne An	R COUNTY OF DEAT	
os ofter dec by the fune filed within	1	Baltimore	11. NAME OF HOSPITAL, NURS  LIE NOT IN SUGN FACILITY, GIVETSTREE  5/15 NOORE IT	reet		120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF		Shop
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uted within completely I and 2 sh	14. F/	Altred	MIDDLE Fichero	Z	S. MOTHER'S MAIDEN NAM  Nina	E MIDDLE	9	rasso
be execut on ond co	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC 216-05-0		Mrs. Cannela	Paltimone Pecchione	79d. 2122 715 Moore	Street
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TAI RECOI	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	20a. AUTOPSY? YES □ NO ☑	20b. IF YES, WERE F IN CERTIFYING CA YES	
ON OF VITAL  HYSICIAN: The ding physicion is certificion burdi-transi p  Mentol Hygien		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAR	RT 2)
DIVISION C DING PHYSIC or offending After this cer e os the buria olth and Ment morked or Iter	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TOW	N COUNT	Y STATE
DR ATTENDII hospital or DIRECTOR: A ched for use cept: of Healt item 21 is mo	4	sow the deceased alive an	supused	DE	that in (my) (our) opinion de EGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. [	m the causes stoted  DATE SIGNED  (126/fc
TO HOSPITAL ( retoined by the TO FUNERAL I should be detan with the State E IMPORTANT: If	25	AN. Ses	nowski		4016 Ritch			
		BURIAL CREMATION, REMOVAL	C	edar Hi	Concretat	Baltimore	Anne Anu	ndel Md.
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Walter Brooks Bradley Inc. Balto Md. 21222

(VRA 15, 4)



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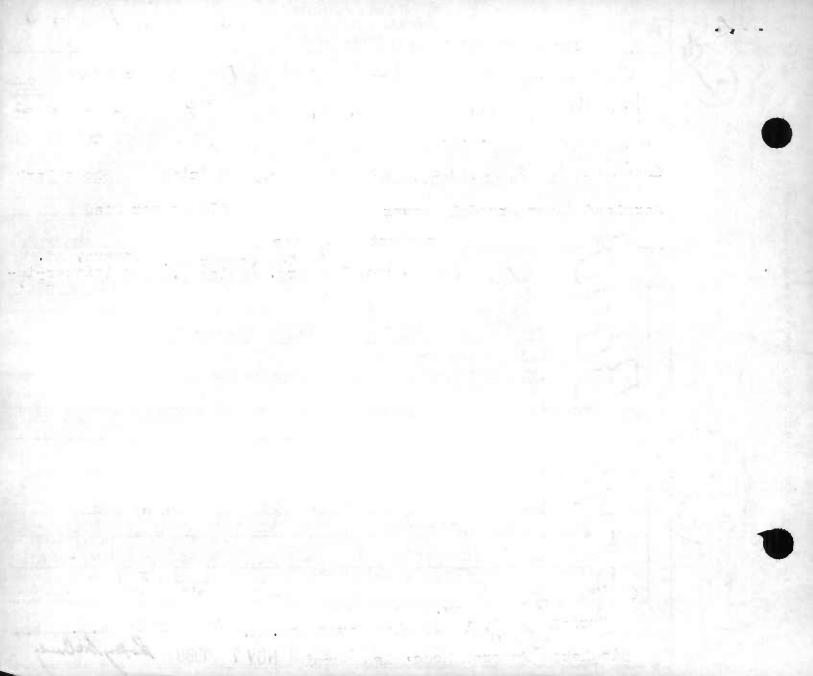




Singleton Funeral Home, Glen Burnie

(VR A 15 (4))

STATE OF MARYLAND

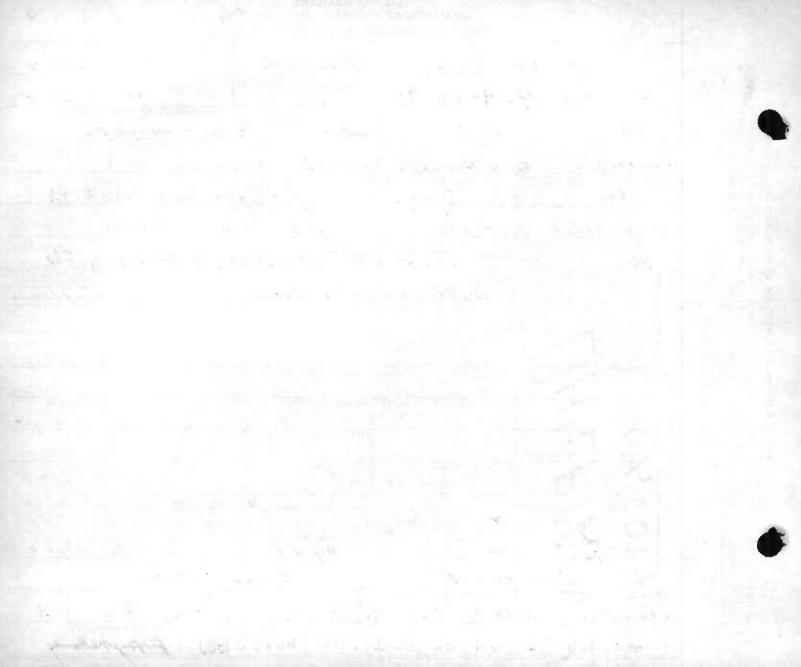


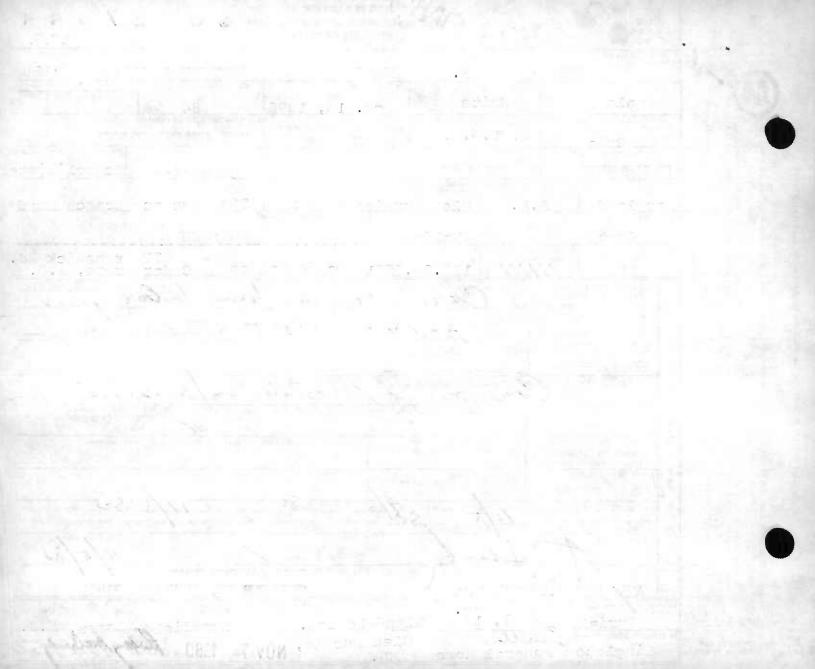
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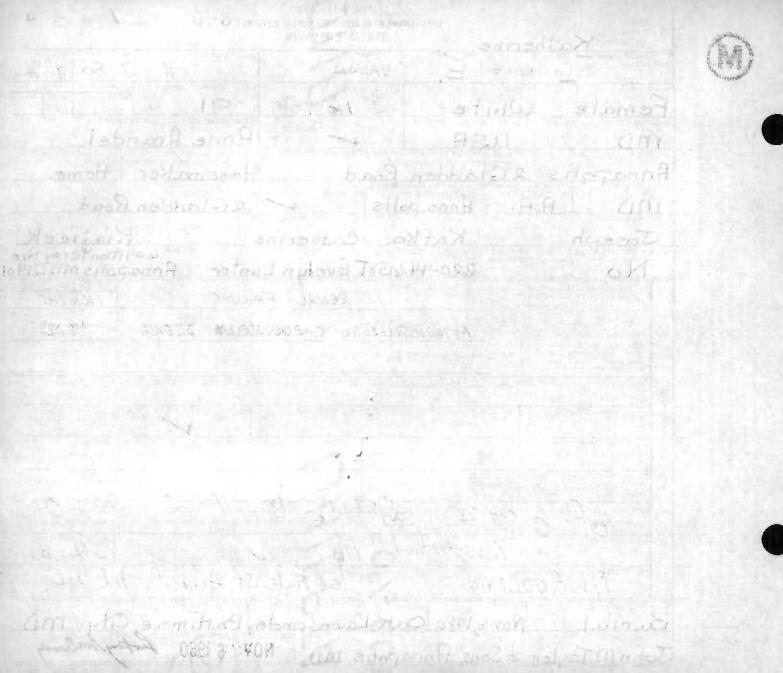
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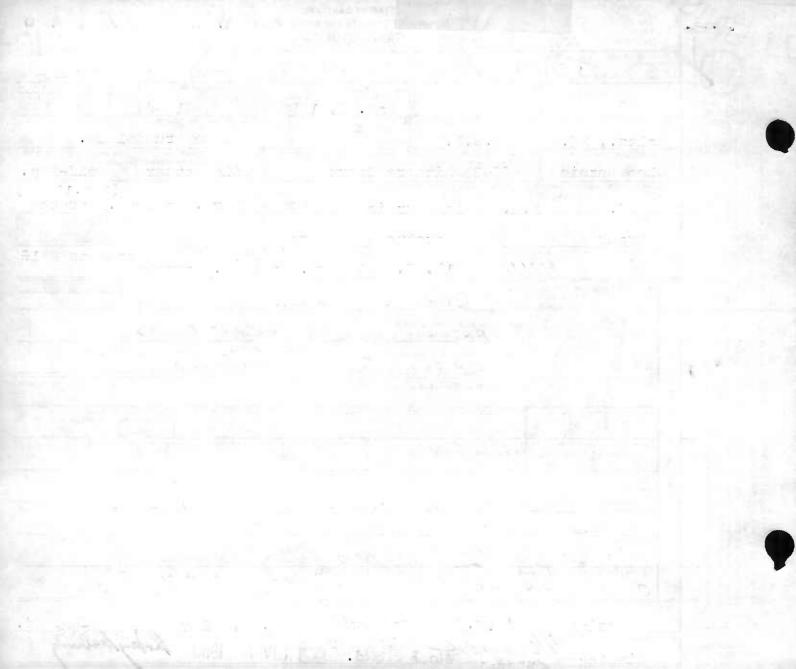
18 BIRTHPLACE (STATE OF POPERATION   18 CITIZEN OF WHAT COUNTRY?   18 MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   18 US DATE OF CONTRIBUTING OF BUSINES ON THE PROPERTY OF STREET ADDRESS   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   18 US DATE OF OPERATION   18 US DA	TABLE   RECORDER   REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO   NO   NO   NO   NO   NO   NO   NO	1		5 O B	DEDARTMEN	STATE OF MARYLAND	HYCHENE O O	7 7 1 7
1. DECEASED NAME	The CALL RECOVERS   ADDRESS   ADDR	M	1-	STATE			OF DEATH	1040
SEX	Sex   Race   Spare of Birth   Vian   AGE (Firsters)   EUNDER 178   EUNDER 24 MB; 21. DATE   MORNING DISCOURTS   DATE   MORNING DISCOURTS   MORNI						KEO. 140.	0.04 95.00 00.44
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10 CITY OR TOWN OF DEATH	IS CITY OF TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OF OTHER INSTITUTION   126 USIAL OCCUPATION, ITS OWN INDUSTRY   126 NINDUSTRY	A			A) COUNTRY?	MARRIED NEVER MAR	RRIED	
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180 WAS DECEASED EVER IN U.S. ARMED FORCES?   18b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   17. NO. OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)   15. TO 24 - 6531   Shirkley Wildle   St. Peters burg   Flex   APPROXIMATE INTEREST   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.   (c)   DUE TO, OR AS A CONSEQUENCE OF   DUE	18. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. CONTROLLED   18. CONT	21	14. FA		MIDGLE / / LAST		DEN NAME	1 LAST
(YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  577 24 - 6531 Shirley Wilde St Peters burg, Flex  APPROXIMATE INTER  BETWEEN ONSET AND I  APPROXIMATE INTER  BETWEEN ONSET AND I  Conditions, if ony, which gave rise to immediate cause (a) starting the under- lying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY? YES NO  YES NO  2110. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  2110. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR 2110. THE OF INJURY (AT HOME. 2111. LOCATION  2111. LOCATION	(1) THE STAND OR UNKNOWN (IF YES GIVE WAS OR DAILS)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  WIMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (a) storing the under lying couse last.  (c)  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21b. TIME OF INJURY  CONTRIBUTING CAUSE WAS  21b. TIME OF INJURY  CONTRIBUTING CAUSE OF DEATH  P.M.  21c. HOW INJURY OCCURRED (ENTER NATURE OF PART 2)  WHILE NOT WHILE STREET, FACTORY, FARM, ESC.)  21c. LOCATION  21c. LOCATION  AT WORK  ACCIDENT  ACCIDENT  21c. NAME OF CEMETERY OR CREMATORY  ADDRESS  21d. LOCATION  CITY OR TOWN  COUNTY  21d. LOCATION  CITY OR FORM  COUNTY  ADDRESS  ACCIDENT  21d. LOCATION  CITY OR FORM  COUNTY  21d. LOCATION  CITY OR FORM  COUNTY  ACCIDENT  21d. LOCATION  CITY OR FORM  CITY OR OR PRINTING  ADDRESS  ACCIDENT  ADDRESS  ADDRESS  ACCIDENT  21d. LOCATION  CITY OR TOWN  COUNTY  21d. LOCATION  CITY OR FORM  CITY OR FORM  ADDRESS  ACCIDENT  21d. LOCATION  CITY OR FORM  CITY OR FORM  ADDRESS  ACCIDENT  21d. LOCATION  CITY OR FORM  ADDRESS  ACCIDENT  APPROXIMATE ALL PREST OR PREDISTRANT  ADDRESS  ACCI	44	1		Whittington		11111	dy
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21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY S	AT WORK AT WORK  220. I certify that I taak charge af the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Notural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATUR	)	CAL	CONTRIBUTING CAUSE OF				Giller March
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	TITLE (SPECIFY)  M.D. SIGNATUR  EXAMINER'S NAME = Linhardt  EXAMINER'S NAME = Linhardt  ADDRESS Interpolicy Name  230. BURGALEXAMINER  230. DATE  SIGNED 11.17.8  230. DATE  SIGNED 11.17.8  230. DATE  SIGNED 11.17.8  230. DATE  CITY OF JOHN  CITY OF JOHN  230. DATE  24. FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR'S SIGNATURE  ADDRESS  250. DATE REC'D. BY REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS							ту артоп
double resulted from Abdural courses Accident Suicide	ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE  EXAMINER'S NAME - Linhardt  EXAMINER'S NAME - Linhardt  ADDRESS Increase in the signed 11.17.5 s	5		dealif resolved fram: Nat	Accident [_]		ondetermined manner,	
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death resulted fram: Natural causes D, Accident D, Suicide D, Hamicide D, Undetermined manner D,  TITLE (SPECIFY)  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  ACTU	CREMATION 11-18-80 CREAR HILL CREMATORY SUITIAND 1-6. WYD  24. FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS		230 B	(TIPE OK PKIIVI)			123d LOCATION	<u> </u>
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,  ACTUAL SIGNATURE	24. FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR'S SIGNATURE		(	PECIFY)	11 19 30 0 1	11110		COUNTY MSTATE
			24. F	UNERAL DIRECTOR	H O DO LCEO!			R'S SIGNATURE
death resulted from: Notural causes . Accident . Suicide . Hamicide . Undetermined manner .  ACTUAL SIGNATUR . MEDICAL EXAMINER . SIGNED . M.D. PERUY Y M.D. PER		-	11		12 ( ADDRESS A	allogate Mal NO	V 1 8 1980 Ristor	me Brown





GA.		1.	FOR STATE REGISTRAND KOTHER	DEPARI	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE 8 U 2	27345
			CEASED NAME - FIRST OR PRINT) O CATHEL	MIDDLE	VANOUS	20. DATE OF DEATH MONTH	3 80 11 30 M
oge 4 ma)		3 SE	emale u	Ohite	3 / 18	4. AGE (IN YEARS LAST BIRTHDAY)  YEAR  9. BALTIMORE CITY OR COUN	
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200	00	A	nnapolis à	(IF NOT IN SUCH FACILITY, GIVE STREET	(ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	
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n ond co	1		AS DECEASED EVER IN U.S. ARMED ES NOIOR UNKNOWN} (IF YES, GIVE WAR		101581 Evelu	n Lunter Ann	111.011
physicio on popers emovol.	, 1110		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	1	RENAL	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTHS
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quires signe fhen pl	in day.	NOI	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
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ding physicion.  Is certificate has buriol-transit pe burio	9		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [ P.M.	AY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
G PHYS offending er this c er this c		MEDICAL	2)d. IN JURY OCCURRED  WHILE ONT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN oital ar TOR: Aft for use a			220.1 certify that (1) (this hospital) saw the deceased alive on above. (1) (we) (did) (did not viii	007 2	20, and that in (hy) (our	9 0 , to NOV 3	our and from the couses stated
the hosp  AL DIREC  etoched  ite Dept.			22b. SIGNATURE	MwGoods	DEGREE  ATTEM PHYS	NDING MEDICAL STAFF	3 NOU 80
TO HOSPITAL Cretained by the TO FUNERAL D should be detact with the Stote D with the Stote	CKE		22d. PHYSICIAN'S NAME AT YPE OR PRI	DMAN	104 FC	onto St Annapolis	nd 21401
P P 으 등 등 등	4		SURTAL, CREMATION, REMOVAL 2	36. DATE 23c.	NAME OF CEMETERY OR CREM	MATORY 23d LOCATION CITY OR TOWN	SOUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		24 F	INERAL DIRECTOR	A CONE (PRESS	apolis mi).	250. DATE REC'D. BY REGISTRAR 25b. RECO	TRAR'S SIGNATURE
		770	SULLIVICATION.	\$ 2002 HUU	~\		1 1





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH MONTH 2b. HOUR

FOR - STATE REGISTRAR DECEASED NAME John 1980 Vogtman IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR DAYS HOURS Male 18 White Oct. 1920 Ta. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [ Anne Arundel 126, KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 32 Nicholson Dr. Pasadena Supervisor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MD. 32 Nicholson Dr Pasadena A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST John Vogtman Elsie Sipple 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 215-12-3918 WW Vogtman -Sec. 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Kena mouth IMMEDIATE CAUSE (0). DUF TO OR-AS A CONSEQUENCE OF Conditions, "if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse 'e rCIXITULE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? hno stowy Hugust 19 NO YES T NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hem I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK NOU. 220.1 certify that (1) (this hospital) attended the deceased from \_\_\_\_\_\_\_ 28 NOU. 10 80 saw the decensed olive on. and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated above (II (we (did) (did not) yew the body after death 77b. SIGNAPERE 22c DATE SIGNED DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE ORPRINT) 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE COUNTY

DHMH - 16 25M

BP.

(VR A 15 (4) ) 9/74

24. FUNERAL DIRECTOR

Buri al

obert 5. Barranco

- 26 -80

Soverna Park MD.

Oaklawn Cemetery

Baltimore City

MD.

CONTRACTOR AND ADDRESS.

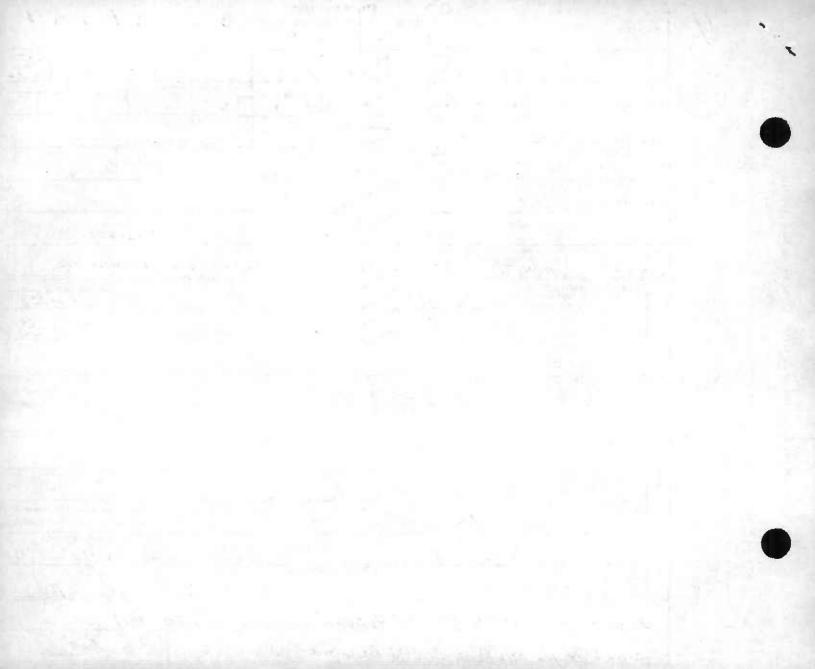
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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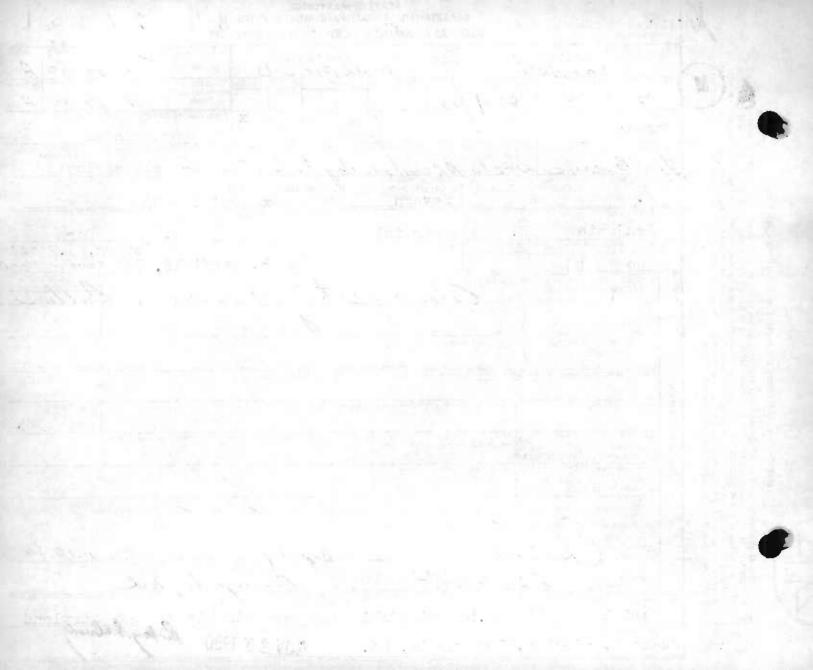
SATE AND AT THE SECOND STREET AND ADDRESS OF THE SAME

. 4	1.	FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	27349
1 2	1. DE (TYPI	CEASED NAME FIRST		WallACE		MONTH DAY YEAR 26 HOURS
		416	BLACK	5 DATE OF BIRTH  MONTH DAY  3 20 1920	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
See See A	AN	RTHPLACE STATE OR FOREIGN DUNTRY) WE ARUNI DEL CO. Md	76. CITIZEN OF WHAT COUR	MARRIED NEVER MARRIED WIDOWED DIVORCED	HUNE AR	R COUNTY OF DEATH
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n 24 hou Halled in hould be	AN	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN NE AROWAEL 1900	VIY 113c CITY OF	YES NO P	TREET ADDRESS	
exa name ted			MIDDLE LAS	HATTIF	WIDDIE	WALLACE LAST
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physicia propopers emoval.	-	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY:	PSIS - SRAM.	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce d by the attendin ease remove carb al, cremation, ar a r ather traumatic	-	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ar Meymon	ia	72HRS
equires the signed Then plector to burno njury, or njury, or	NO	PART 2 STHERS IGNIFICANT O	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1101
he law re ion.  has been it permit, iene prior iows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
IVSICIAN: Ti ding physici is certificate burial-transi Mental Hygi or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)		H DAY YEAR	RRED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}
ond ond ked o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOV	N COUNTY STATE
TOR: TOR: TOR: TOR: TOR:		22a t certify that (1) (this hospi saw the deceased alive an above, +++ (we) (did) +-d + no	// / }	767	death accurred an the do	nte and hour and from the causes stated
OR DORE		THE SIGNATURE	lecho	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
TO HOSPITAL retained by the TO FUNERAL should be det with the State MPORTANT:		PF. VERK	R PRINT)	1419 Des	DRIVE,	AnnaPolis had
BP	(	BURIAL, CREMATION, REMOVAL SPECIFY) BURIEL	23b. DATE 11-14-80	230 NAME OF CEMETERY OF CREMATORY MT. HUDURN CEMETE	23d. LOCATION CITY OR TOWN	COUNTY STATE
OHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDR	25a. DA	TEREC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



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TO STATE REGISTRAR  TO DECEASED NAME HOWARD TO LOCK AS DONAME HOWARD THAT OME STAMPLE HOWARD THAT OWE STAMPLE	V   1	FOR				TE OF MARYLAND HEALTH AND MEN	TAL HYGIEN	E) (1)	07	The state of
LOST CAPEN NAME   LOWER PARTY   LOWER PART								An O	NO.	0 0
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Jacobs   J	SE	×	4 RACE S.	MONTH	YEAR 6 AGE (IN YE	ARS IF UNDER 1 YR. IF L	JNDER 24 HRS.	PRONOUNCED	MONTH	DAY YEAR
SALE CALLS OF DEATH (Enter only one couse per line for (p), (b), and (c).	SM	oreign country arylar	nd	1		8. MARRIED   NEVER	MARRIED			Y OF DEATH
18 STATE   136 COUNTY   136 C	40	en Bu	mie	UGE 16	AP WARD	1. Abrata	FOR M	OST OF WORKING LIFE)		OR INDUST
Best   min   F.   Warfield   Ida   V.   Durm	130.	Md.	136 COUNTY AA	THER INSTITUTION, GIV	13c. CITY OR TOWN	YES N	io G		е	
No   Stanley B. Warfield.1308 Severn   Md.	14. F	FIRST	A				MAIDEN NAME	MIDDLE		LAST
THE PROPERTY   THE	1/2						T.		200	
18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).)   PART I DEATH WAS CAUSED BY:	160	YES, NO, OR UNKNO			100. SOCIAL SECURIT			ADDRES	Sever	n,Md.2
MMEDIATE CAUSE (0)   DUE TO, OR AS A CONSEQUENCE OF	-					ptanle	N R. Ma	arfield,	1308	
Title (SPECIFY)   Title (SPE		PART 2 OTHER SI	GHIFICANT CONDITIONS CON		JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1 (a).			
AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry										
AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry	CATION				ON FOR WHICH OPER	ATION WAS PERFORMED	)?			20. AUTOPSY
death resulted from Naviral causes	AL CERTIFICATION	190. DATE OF	OPERATION  AL CAUSE WAS	21b. TIME OF HOUR A.M.	NJURY MONTH DAY YEAR	21c. HOW INJURY OC		ature of injury in Item 1	18 PART 1 OR PART	YES 🗆
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (1765 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220–16–8542 EDNA WATERS 5208 Sands Rd. T.O.	
NO 220-16-8542 EDNA WATERS 5208 Sands Rd. Lo	thian.
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	T   OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRED  (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN	COUNTY
WHILE NOT WHILE AT WORK AT WORK	0.
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above, (1) (www) (did nat) view the Bady after death.  225. SIONATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE :
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DONALD C. ROBLE, ~ D. 134 DWENVILLE ROBLE	

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s other d by the furiled with	10 CI	hurch ton	11. NAME OF	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	G HOME O	- Second		124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Studen t	ON	12b. KIND INDUSTR
LAND 21201 nin 24 hours c should be file er mest be ng	13a. S			GIVE RESIDENCE BEFORE	4	13d. INSIDE CI YES 🔲	NO D	13e STREET ADDRESS 5740 Blane	Rd.	70
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Ibw requires been sign ermit. Then e prior to bu	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH				20a AUTOPSY?	20b. IF YES, V	WERE FINI
DIVISION OF VITAL RECORDS  ING PHYSICIAN: The low requirent the this certificate hos been signs the buriol-tronsit permit. There the ond mental Hygiene prior to be not weed or them 18 shows any injury.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	NIH.	M. MONTH DA	Y YEAR	21c. HOW IN.	JURY OCCURRE	YES NO PORTO	YES	the same of the sa
IVISION OF VI	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATIO STREET	N	CITY OR TO	WN	COUNTY
ATTENDINI ASSISTED OF GROUPS OF OF Health		22a. I certify that (1) (this haspi sow the deceased alive an above, (1) we) (did) (did no	Novemb	e deceosed from	D on		, 19 80 (our) opinion de	, toNovemb eath occurred on the do		nd from t
ITAL OR by the hor RAL DIRE detoched of the Dept.		22h SIGNATURE EUGHNUN AND BLUCK STORE NAME	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lout	М	P	TTENDING PHYSICIAN	MEDICAL STAF	IAN 😿	22c. DA
TO HOSPITAL retoined by to TO FUNERAL should be det with the Store MAPORTANT:			SHAL				ns Hol	PKINS It	OSPITY	76
F 2		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. N	AME OF CI	EMETERY OR C		23d. LOCATION CITY OR TOWN		YIAU

DHMH-16 30M 2/80

(VRA 15, 4)

FOR - STATE

REGISTRAR

1 DECEASED NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ Y IN ITEM 18 PART I OR PART 2) COUNTY STATE er 9 19 80 \_, that (I) (we) lost te and hour and from the causes stated 22c. DATE SIGNED IAN V DSPITAL LaVale, Md. Burial 11/12/80 | Rest Lawn Memorial Gardens Hardesty Funeral Home 12 Ridgely Ave. Ann. Md. NOV

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26. HOUR 200

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

80 IF UNDER 1 YEAR

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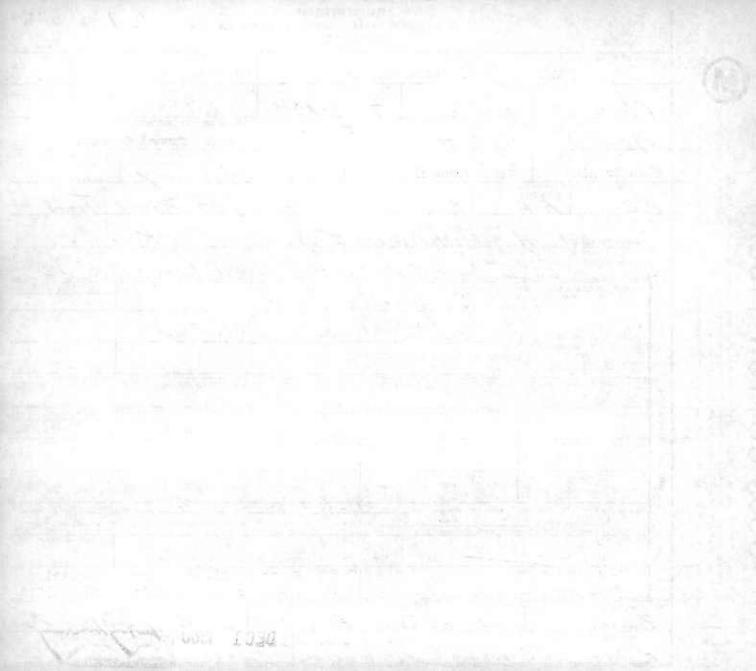
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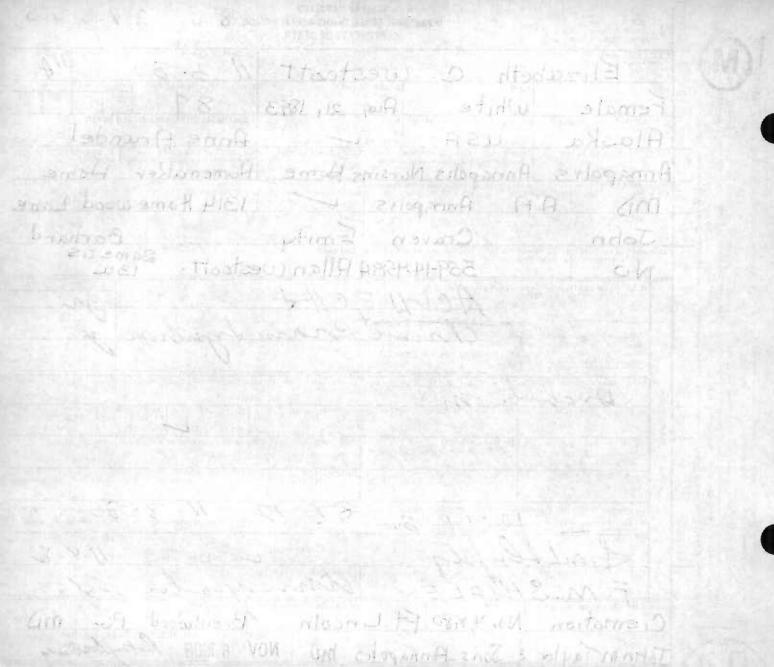
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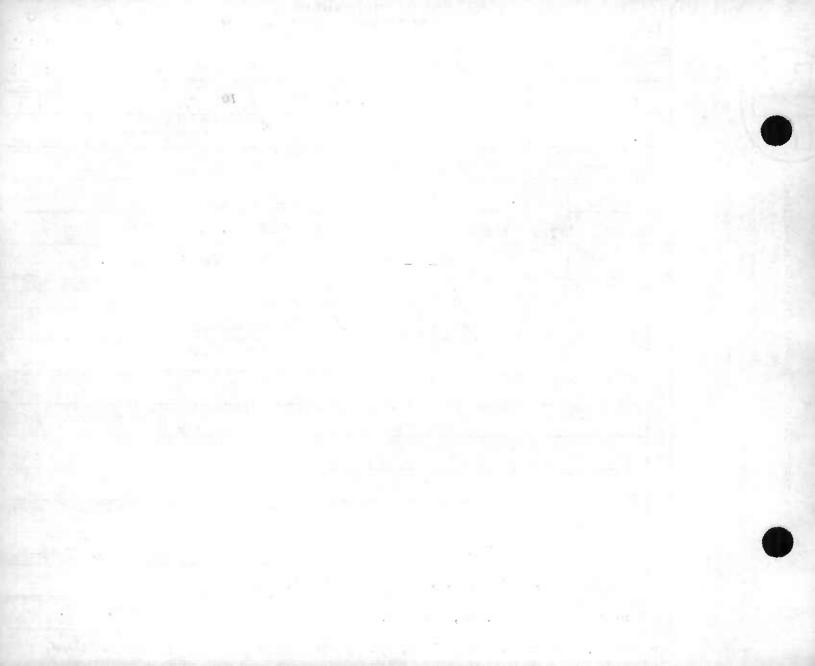
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6			1.	FOR STATE REGISTRAR	STATE OF MARYLAN DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE 8	2 7 3 5 4 so. EST
	0			CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	(MA)			EARL	K. WELLSCHLAGER	November	24, 1980 7:45 M
	age 1 min		3. SE	Male	RACE S. DATE OF BIRTH  MONTH  T  BAY  T  T  T  T  T  T  T  T  T  T  T  T  T	6. AGE (IN YEARS LAST BI	MONTHS DATS HOURS MIN.
	arth. Pog erol dire 72 hour	1		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8. MARRIED DINEVER MA	ARRIED 9 BALTIMORE CITY	OR COUNTY OF DEATH
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	by the fulled with	4	G	len Burnie	. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Arundel Hospital	TUTION 120. USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY
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BALLIMOR	icion and of rers. Pages of.		-	1es (16)	IL 215-10-1511 Kuth	L. Wellschlag	er - Sec. 13
RDS, 201 W. PRESTON ST	equires that the death certificate is signed by the attending physici. Then please remove carbonapper to burial, cremation, or remaval. injury, or other traumatic event, the		NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last		lar Acerole	
IL RECO	he low re on. has been t permit. lene prior	2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORM	MED 200 AUTOPSY?  YES □ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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	portal CTOR: for us of He			22a.1 certify that (1) (this hospital) saw the deceased alive an abave, (1) (we) (did) (did nat) v	11-24 19 60 ond that in (my) (c	pur) opinion death occurred on the o	dote and hour and fram the causes stated
•	F D to			THE SIGNATURE		TENDING MEDICAL STA	CIAN
	FUNE puld be the Sould be	1		22d PHYSICIAN'S NAME (TYPE OR PR			General Hospital Balto., Md., 21230
	PP	1		BURIAL, CREMATION, REMOVAL	236 NAME OF CEMETERY OR CR	REMATORY 234 LOCATION	treville out
DH	MH-16 30M 2/80 (VRA 15, 4)			UNERAL DIRECTOR  Cobert 5. 3	ADDRESS 501 Ritchie	250 DEC 1 1986	RESUMECISA RADO SIGNATURE
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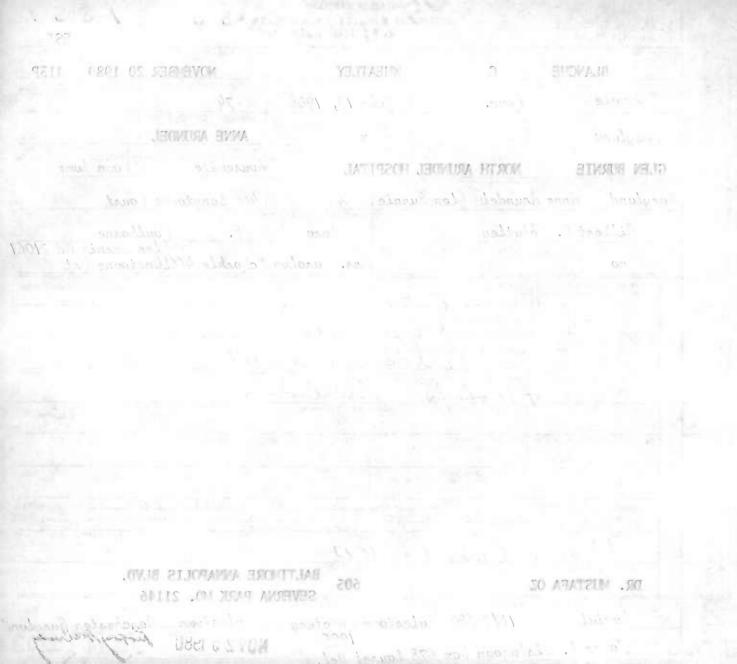


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PHYSICIAN. The	ding physician. Is certificate has burial-transit perr Mental Hygiene p	Cal		2 Ta. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH		HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY I	N ITEM 18, PART T OR PART 2)	
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HOSPITA	- De E			22d. PHYSICIAN'S NAME (TYPE OR	R PRINT)	274	ADDRESS	-n. P	· S mal	/
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Ţ	Bb TO FUN should be with the			URIAL, CREMATION, REMOVAL	23b. DATE 1280 2	37 NAME OF CEME	TERY OR CREMATORY	d. LOCATION CITY OR TOWN Brentugo	of PG	mstage MD
DHM	5 5 5 2 3		C	SPECIFY)	Nor 4, 480 2 Sons An	PH. Lin	coln	Brentuoo ATE REC'D. BY REGISTRAR 25	B PC	mi





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	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	EST
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
page 3		BLANCHE	C	WHEATLEY	NOVEM	BER 20 1980	413P
age 4 ma ector, pa rs after d	3 SE	* Jemale	Cauc.	S DATE OF BIRTH  Suly 13, 1906	6. AGE JIN YEARS LAST OUT!	MONTHS DAYS  YRS.	# UNDER 24 HR
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v requires that the dean in signed by the attend hen please remove carl to burial, cremation, in injury, or other trat	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSCOUNT (b)  DUE TO, OR AS A CONSCOUNT (c)  OND HIDDS CONTRIBUTING TO	spertensio y		DITION GIVEN IN PART 110	21
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BP	230. [	BURIAL, CREMATION, REMOVAL SPECIFY) burial		NAME OF CEMETERY OR CREMATORY	Galestown	21146 county Deacheste	STATE
DHMH-16 25M (VRA 15 4) 1/79	24 F	UNERAL DIRECTOR NAME HOMEN L. D.		TOOK BO. DAT	NOV 2 5 198	Sh. REGISTRARIS SIGNAL	they



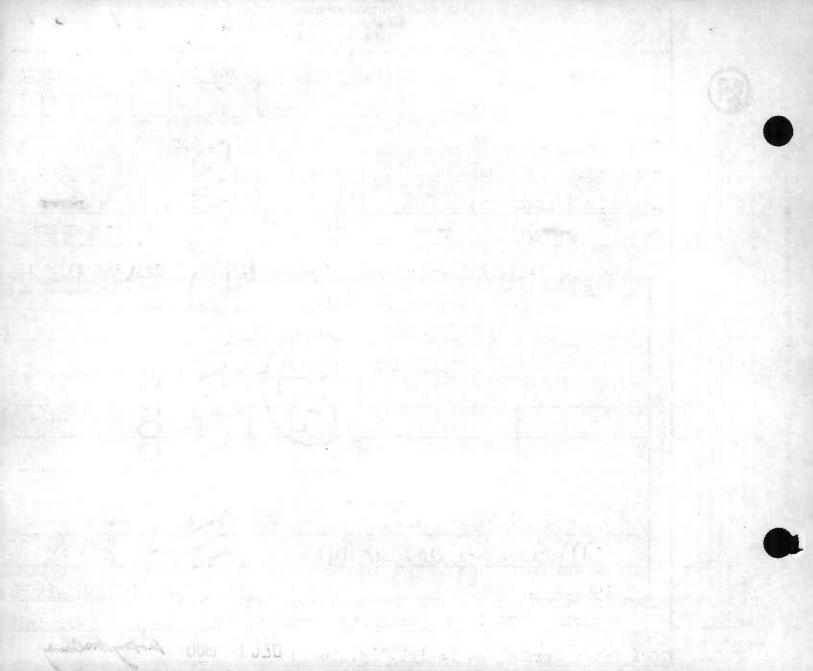
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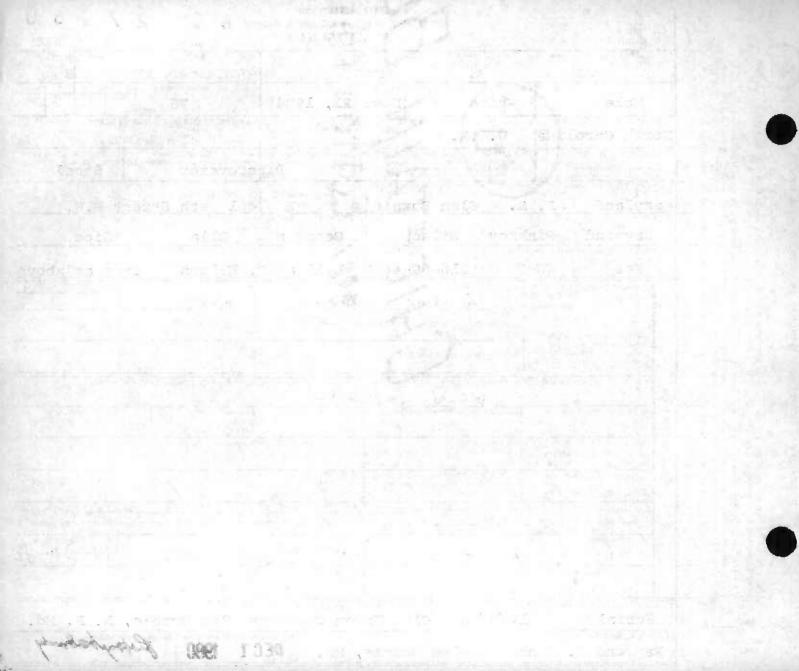
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7601 Sandy Spring Rd. Laurel, Md. 20810





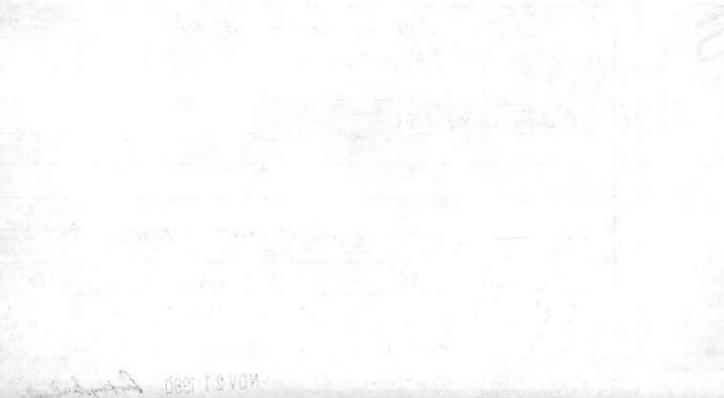
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70		1-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH							3 6	1
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ASE	FILES. OURS TREET,	3 SEX	14 RACE	UTON	ATE OF BIRTH	6. AGE (IN YE		ERTER DER 1 YR. IF UNDER 2	DEATH MA	MONTH		HOUR
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IMOR	8. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF	16a. W	(AS DECEASED EVER III S, NO, OR UNKNOWN)	U.S. ARMED F IF YES, GIVE WAR O	FORCES? R DATES)	517263	33	MARY		DDRESS ERTER	#13	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
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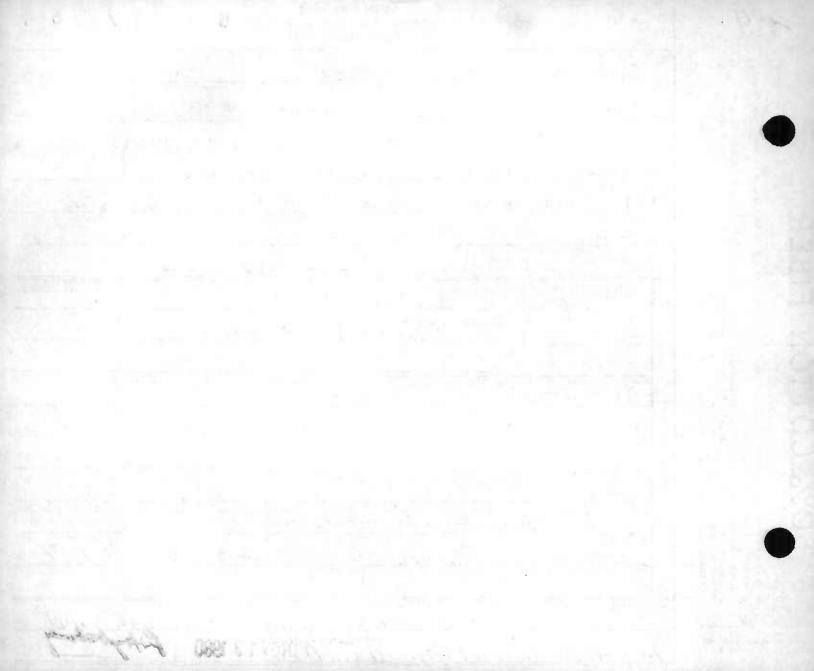
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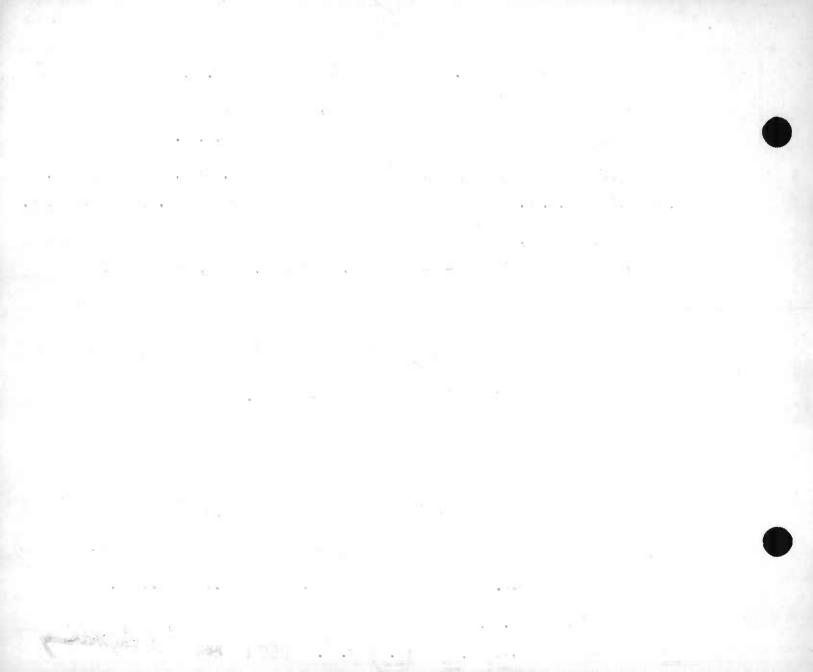
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	JAMES A Woodbury November 17	1980 1 pm
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er fraumatic event, th	The Cause of DEATH Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 CARX S
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  20b. IF YES,	WERE FINDINGS USED
	YES NO YES  210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	NO [
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE AT WORK AT WOR	COUNTY STATE
21 is mark	Direction of 17 Nov	9
IMPORTANT: If Hem	226. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	17 Nov8
MPORTANT	7. C. CULLIS 220. ADDRESS 7. Auggs Ave Severna	PARK Md
230	BURIAL CREMATION, REMOVAL 23b. DATE 23GNAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TO	ST)IE
6 24	FUNERAL DIRECTOR, BUREJESTRAN 256. REGISTRAN 256. R	AKS SIGNATURE



(VRA 15, 4)



	13	8	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 0 REG. N	2	7 3	6 5
1	Page 1			CEASED NAME FIR	151	MIDDLE	·	AST	2a DA	E OF DEATH	MONTH DAY	YEAR	26. HOUR
		)	,,,,,,	(	arroll	B.	y	ewell		Nov. 25.	1980		1145. M
É	~		3. SE	(	4 RACE		S. DATE C		& AGE	(IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
9 1	o z			Male	Whi	te	Apr	1 00 101	_	57	YRS.	THS DAYS	HOURS MIN
0 1	2 800	21	70. BI	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	MARRIE	DONEVER MARRIE	D D BALT	IMORE CITY C	R COUNTY O	FDEATH	
Geo	1 6	0		haryland	USA		WIDOWE			A.A.(0	•		MD.
s offer	led to	4	01	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	ADDRESS)	or other institution		UAL OCCUPAT WORK FOR MOST O		126 KIND O INDUSTRY	F BUSINESS OR
100	4 4	00	USU/	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION		E ADMISSION)	134 INSIDE CITY LIM	US? 113. ST		011		
3 4		15	Mar	/ / /	.A.(o.	Pasaden		YES NO	X 16.	2 Dale	Rd.Rivi	era Be	each, Md.
1	12.1	117	14 FA	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDI	ENNAME	WIDDLE		IAS	т.
lamo	6 /	40		Carroll	Κ.	Yevel	L	Man	11.	Elizab	eth.	Unkr	10Wn
New Year	dicol	/		/AS DECEASED EVER IN U	S. ARMED FORCES? res, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	0	ADDR	ESS		
9 5	0 E	/		No		215-01-0	7784	Mrs. Mideli	ne V.ye	vell, Sa	ne as a		
ASIC ASIC	oper vol.			18 CAUSE OF DEATH (ER	nter only one couse pe								MATE INTERVAL DISET AND DEATH
do o	on o				MEDIATE CAUSE (0)	Myocardi	lal In	farction				Sudde	en
o unio	corb notic			4100	DUE TO, O	DR AS A CONSEQU	ENCE OF C	oronary Th	rombosi	S			
o de	ofio			Conditions, if any, who	ate		A	ntonio achi	amaki a	Hannt D			
by the	ease remon	,		gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF WITH LEFT ventricular Hypertrop and auricular fibrillation								Y	years
Se la	born born o, ry, o		7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL DIS	EASE OR CON	DITION GIVEN	IN PART 1(c	)
be a	or to		TO					llitus - 1					
ion.	there bri	4	CERTIFICATION	190 DATE OF OPERATION	1 196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a -	AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	NG CAUSES	
hysic	Hyg 18 st	0	- 1	210 ACCIDENT WAS UNDERLY		OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY O	OCCURRED (EN	ER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2]	
o bi	ento Hera	7	CAL	(IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	P.M.	19						
offendir er this	s the bu		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE [ AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.]	211 LOCATION STREET		CITY OR TO	vN	COUNTY	STATE
itol or	or use of Heolff			22a.1 certify that (I) (this saw the deceased of	ive on NO	0 1 23 19	80 or	19 19 19 19 19 19 19 19 19 19 19 19 19 1	pinian death oc	curred on the d	ote and hour o		that (I) (we) lost
hosp	pt o			obove, (I) (we) (did) (	did not) view the bod	y after death.		DEGREE				22c DATE	
by the	detock NT. H. H.			1 all	red	Cole	1	ATTEND PHYSIC	ING MEDI	CAL STA	FF IAN 🗌	11.	-26-80
Deined	should be downth the Sto			224 PHYSICIAN'S NAVI Alfred Co	The second of th			136 S.	Hilton	St., Ba	lto., M	ld. 212	229
BP_	2 3 ₹.		23a. B	URIAL, CREMATION, REM PECIFY) Burial	OVAL 236. DATE Nov. 28		1 0	emetery or cremate		OCATION CITY OR TOWN		Marul	STATE
-				INERAL DIRECTOR			0	24.220 25	So. DATE REC'D.		25b. REGISTRA	metal and the same	Buch
	H-16 20M I5, 4) 7/7		Ma	jully Funera	L Home, 130	E. Fort	Ive. Ba	to The	DEC 1	1980	frig	Jan Jan	7



1381	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 U	2/366
ge 3		CEASED NAME FIRST Edwin	Allan	Z	ulall	November	MONTH DAY YEAR 26 HOUR
ge 4 may ector, po irs offer d	3. SEX	Male	RACE White	5. DATE O		6. AGE JIN YEARS LAST BIRT	HDAY] IF UNDER 1 YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN
ot ance	Per	rnsylvania	U.S.A.	WIDOWE		4 4	rcounty of death undel County, MD.
by the fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING THE POPULATION OF HOSPITAL BAYSING			170. USUAL OCCUPATI	F WORKING LIFE) INDUSTRY
filled in hould be	13925	TATE , J36 COUN	other institution, give residence before I action of the I act	/N	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS Bays	ide Beach Rd. 21122
ompletely and 2 sl	14 F.A	Wade B	laine Zulal	_	15 MOTHER'S MAIDEN NAME (atherine	ME # MIDBLE	Mornison
s. Pages	16a V	AS DECEMBED EVER II O.S. ARA	nam 170-30-0	)354	Mrs. Sharon	Lee Zufall	
g physicie an paper remaval. event, the		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), an O BY. E CAUSE (a)	bloo	d, le postic	factors	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attendin iave carb stion, ar raumatic		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQU		to liver	scitos	2 mostly
d by the ease rem al, crema or ather to		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU		of blad	der	2 years
Then plants to the signer of t	NOI		onditions <u>contributing</u> to	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART Has
permit permit	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
riol-trans entol Hyg tem 18 sl		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF INJUS	RY IN ITEM 18, PART 1 OR PART 2)
s the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
CTOR: A I for use of af Healt		220. I certify that (1) this hospit- sow the deceased alive an abave, (1) (we) (did )(did no)	al) attended the deceased fram_ 100 U () 19 Siew the bady after death.	300	d that in (my) (our) opinion	deoth accurred on the de	19 80, that (I) (we) lost ote and hour and from the causes stated
AL DIRE		22b. SIGNATURE	May hu	110		MEDICAL STAI	FF IAN   11/30/59
should be with the Sta		22d PHYSICIAN'S NAME (TYPE OR	Mille	90	6804 Park H	eights Ave.	Balto., Md.
P	23a. B	URIAL, CREMATION, REMOVAL BECIFY) Burial	23b. DATE 11/21/1980 Ce		EMETERY OR CREMATORY	Brooklyn	COUNTY STATE
550M 7/77 15 (4))		uneral director when the Cully F.H. Mtn	. & Tick Neck Rd	s., Pa		E REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATURE



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